Compared

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1983 APR 14 PM 1:45

MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee 3 00

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 3400 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
William	Robert	Stephenson Jr.	April 1,1983	0218

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HOURS: HOURS, MINUTES)
Male	White		January 15, 1899	84

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
IA	William Robert Stephenson OH	Mary Villiers OH

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	[redacted]	Married	Lora Ridout

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Mechanic	45	Self	Heavy Equipment Repair

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
821 East Benton Street		Winterset

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Madison	IA	Lora Stephenson (Spouse) 821 East Benton Street Winterset, IA

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Mercy San Juan Hospital	Sacramento
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
6501 Coyle Avenue	Carmichael

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) CARDIAC ARREST

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF — (B) RESPIRATORY + RENAL Failure — 3 days

DUE TO, OR AS A CONSEQUENCE OF — (C) ASPIRATION Pneumonae — 3 days

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO — TYPE OF OPERATION — DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
1-15-83	3-31-1983	MD	4-1-83	G35007

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: P. SMITH M.D. 4748 Engle Road, Carmichael, Ca. 95608

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	4-7-83	Winterset Cemetery, Winterset, IA	Rod Noble 5994

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
SIERRA VIEW FUNERAL CHAPEL #924	Joseph C. Thomas M.D.	4-2-83

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (10-78)

CITY OF SACRAMENTO HEALTH

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Joseph C. Thomas M.D. REGISTRAR

BY: Wendy DeBruin DEPUTY

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