

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

STATE
FILE
NUMBER

64-071076

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION
DISTRICT AND

6015

4290

CERTIFICATE NUMBER

57

DECEDENT
PERSONAL
DATA

PLACE
OF
DEATH

LAST USUAL
RESIDENCE
WHERE DECEASED
LIVED—IF IN INSTITUTION
ENTER RESIDENCE BEFORE
ADMISSION

PHYSICIAN'S
OR CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
LOCAL
REGISTRAR

CAUSE
OF
DEATH

OPERATION
AND AUTOPSY

INJURY
INFORMATION

1A. NAME OF DECEASED—FIRST NAME WILHEMINA aka: INA	1B. MIDDLE NAME MAGGIE	1C. LAST NAME HUNTER HUNTER	2A. DATE OF DEATH—MONTH DAY YEAR June 11, 1964	2B. HOUR 2:15a
3. SEX F	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Scotland	6. DATE OF BIRTH March 4, 1882	7. AGE—LAST BIRTHDAY 82 YEARS
8. NAME AND BIRTHPLACE OF FATHER William Hunter - Scotland		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Mary Bell - Scotland		10. CITIZEN OF WHAT COUNTRY Scotland
11. SOCIAL SECURITY NUMBER None		12. LAST OCCUPATION Sales Clerk		
13. NUMBER OF YEARS IN THIS OCCUPATION 20		14. NAME OF LAST EMPLOYING COMPANY OR FIRM unknown		15. KIND OF INDUSTRY OR BUSINESS Second hand & antique store
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATES OF SERVICE No		17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED Never Married		18A. NAME OF PRESENT SPOUSE -
18B. PRESENT OR LAST OCCUPATION OF SPOUSE -		19A. PLACE OF DEATH—NAME OF HOSPITAL Highland-Alameda County Hospital		
19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS) 2701 - 14th Avenue		19C. CITY OR TOWN Oakland		
19D. COUNTY Alameda		19E. LENGTH OF STAY IN COUNTY OF DEATH 90 YEARS	19F. LENGTH OF STAY IN CALIFORNIA 90 YEARS	
20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS) 5755 Claremont Avenue		20B. IF INSIDE CITY CORPORATE LIMITS CHECK ONE <input checked="" type="checkbox"/> CHECK HERE <input type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) Coroner's Records
20C. CITY OR TOWN Oakland		20D. COUNTY Alameda		20E. STATE California
20F. ADDRESS OF INFORMANT (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS) 480 - 4th St., Oakland, Calif.		22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM _____ AND THAT I LAST SAW THE DECEASED _____		
22B. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD _____ finding autopsy ON THE REMAINS OF _____ AS REQUIRED BY LAW		22C. PHYSICIAN OR CORONER—SIGNATURE E. M. King M.D. Coroner		22E. DATE SIGNED 6/16/64
22D. ADDRESS 480 - 4th Street, Oakland		23. SPECIFY BURIAL ENTOMBMENT OR CREMATION CREMATION		
24. DATE 6/16/64		25. NAME OF CEMETERY OR CREMATORY Oakland Crematory		26. EMBALMER—SIGNATURE (IF BODY EMBALMED); LICENSE NUMBER Not embalmed
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Alameda County Coroner		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR JUN 16 1964		29. LOCAL REGISTRAR—SIGNATURE James Chaloban M.D.
30. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) bronchopneumonia CONDITIONS IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST DUE TO (B) arteriosclerotic heart disease PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)				
31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN CERTIFYING CAUSE OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE <input type="checkbox"/> NO AUTOPSY PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED—FINDINGS USED IN CERTIFYING CAUSE OF DEATH
34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34B. DESCRIBE HOW INJURY OCCURRED		
35A. TIME OF INJURY HOUR MONTH DAY YEAR		35B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		
35C. PLACE OF INJURY		35D. CITY, TOWN, OR LOCATION		

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

FEB 22 1996

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Recorder

Patrick O'Connell
PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER

