



**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

3-85-28 **001030**

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER  
DATE OF DEATH MONTH, DAY, YEAR (SEE INSTRUCTIONS)

1A. NAME OF DECEDENT—FIRST <b>Cordell</b>		1B. MIDDLE <b>J.</b>		1C. LAST <b>Bledsoe</b>		7. AGE <b>73</b> YEARS		8A. DATE OF DEATH MONTH, DAY, YEAR (SEE INSTRUCTIONS) <b>November 16, 1985</b>		8B. YEAR <b>2003</b>				
3. SEX <b>Mal.</b>	4. RACE/ETHNICITY <b>White</b>		5. SPANISH/SPANISH ORIGIN <b>NO</b>		6. DATE OF BIRTH <b>December 18, 1911</b>		IF UNDER 1 YEAR MONTHS <b>73</b>		IF UNDER 24 HOURS DAYS <b></b>		IF UNDER 24 HOURS HOURS <b></b>		IF UNDER 24 HOURS MINUTES <b></b>	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Colorado</b>			9. NAME AND BIRTHPLACE OF FATHER <b>Gomar Bledsoe, Kentucky</b>						10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Jessie Wirht, Kentucky</b>					
11A. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE. <b>19-- TO 19--</b>		12. SOCIAL SECURITY NUMBER <b>2426</b>		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Emily Killingsworth</b>						
15. PRIMARY OCCUPATION <b>Real Estate Broker</b>			16. NUMBER OF YEARS THIS OCCUPATION <b>16</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self</b>			18. KIND OF INDUSTRY OR BUSINESS <b>Real Estate</b>						

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>6 Del Rio Ct.</b>						19B. CITY OR TOWN <b>St. Helena</b>					
19C. COUNTY <b>Napa</b>						20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Emily Bledsoe, Wife 6 Del Rio Ct. St. Helena, California</b>					

21A. PLACE OF DEATH <b>Residence</b>			21B. COUNTY <b>Napa</b>			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Emily Bledsoe, Wife 6 Del Rio Ct. St. Helena, California</b>					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>6 Del Rio Ct.</b>			21D. CITY OR TOWN <b>St. Helena</b>								

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE												24. WAS DEATH REPORTED TO CORONER? <b>No</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.										(A) <b>Metastatic Prostate Cancer.</b>		25. WAS BIOPSY PERFORMED? <b>Yes</b>	
										(B) <b></b>		26. WAS AUTOPSY PERFORMED? <b>No</b>	
										(C) <b></b>			

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>Prostatic Needle Biopsy</b>						DATE <b>04-13-83</b>	
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28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Bruce C. Clark</i>				28C. DATE SIGNED <b>11-18-85</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>G-52466</b>	
I ATTENDED DECEDENT SINCE (ENTER MO., DA. YR.) <b>07-24-79</b>		I LAST SAW DECEDENT ALIVE (ENTER MO., DA. YR.) <b>10-28-85</b>		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Bruce Clark, M.D., 975 Sereno Drive, Vallejo, CA</b>							

29. SPONTANEOUS ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
23. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (HOUSE) INVESTIGATION				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED			
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36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>November 19, 1985</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>St. Helena Cemetery, St. Helena, Calif.</b>				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not Embalmed</b>			
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40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40C. LICENSE NO. <b>F687</b>		41. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>19 Nov. 1985</b>					
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STATE REGISTRAR		A.		B.		C.		D.		E.		F.	
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VS-1111-85)

**SEAL**

The within Document is a true copy of the record in this office.  
Attest: Date **FEB 18 1987**  
**Eleanor E. Kimbrough**  
County Recorder in and for Napa County, State of California.  
*Cynthia L. Wrozek*  
By Deputy Recorder

REQUESTED BY  
**FIRST NEVADA TITLE COMPANY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'87 FEB 23 AM 12:23

SUZANNE BEAUDREAU  
RECORDER  
*6.00* PAID *LP* DEPUTY

BOOK **150331**  
**287** PAGE **1976**