

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Leon		1B. MIDDLE Hugh	1C. LAST (FAMILY) Przybyla
4. RACE Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. October 16, 1918
8. STATE OF BIRTH Utah		9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Michael Walter Przybyla
12. MILITARY SERVICE? 19 <u>41</u> TO 19 <u>45</u> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 8961	14. MARITAL STATUS Married
16A. USUAL OCCUPATION Sales Engineer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Control System	16C. USUAL EMPLOYER self employed
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2101 Middlefield Road		18B. CITY Palo Alto	18C. ZIP CODE 94301
19A. PLACE OF DEATH Stanford Medical Center		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA ER	19C. COUNTY Santa Clara
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 300 Pasteur Dr.		19E. CITY Palo Alto	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Doris Przybyla - Wife 2101 Middlefield Road Palo Alto, CA 94301
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Coronary Arrest		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 90-227010	
DUE TO (B) Coronary Artery Disease		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Cardiomyopathy, Diabetes		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1984		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Robert Blumberg, M.D.	
27C. PHYSICIAN'S LICENSE NUMBER G20999		27D. DATE SIGNED 8-17-90	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Robert Blumberg, M.D., 1150 Veterans Blvd. Redwood City, CA		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
28B. DATE SIGNED		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Skylawn Memorial Park San Mateo, CA	
34C. DATE MO. DAY, YEAR 8/24/1990		34D. SIGNATURE OF EMBALMER [Signature]	
34E. LICENSE NUMBER 5923		35A. SIGNATURE OF LOCAL REGISTRAR Stephen A. Coray M.D.	
35B. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Roller & Hapgood & Tinney		35C. LICENSE NO. F-132	
35D. REGISTRATION DATE AUG 17 1990		35E. CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

266578

H306362

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **AUG 22 1990**

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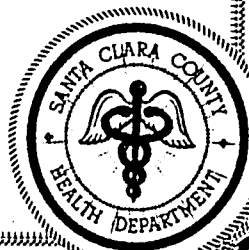
BY

Stephen A. Coray M.D.

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STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY

C Bruce Hamilton

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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RECORDER

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