

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) LOUIS		2. MIDDLE JOSEPH		3. LAST (FAMILY) CARLES			
4. DATE OF BIRTH MM/DD/CCYY 09/01/1915		5. AGE YRS. 83		6. SEX M		7. DATE OF DEATH MM/DD/CCYY B. HOUR 03/20/1999 1250	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 2152		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE CAUC		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED			
17. OCCUPATION OWNER		18. KIND OF BUSINESS HOTEL		19. YEARS IN OCCUPATION 27			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 284 N. 3RD STREET #1							
21. CITY SAN JOSE		22. COUNTY SANTA CLARA		23. ZIP CODE 95112		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP JUANITA CARLES - SPOUSE				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 284 N. 3RD STREET #1 SAN JOSE, CA 95112			
28. NAME OF SURVIVING SPOUSE—FIRST JUANITA		29. MIDDLE -		30. LAST (MAIDEN NAME) CHERNOFF			
31. NAME OF FATHER—FIRST ALFRED		32. MIDDLE -		33. LAST CARLES		34. BIRTH STATE FRANCE	
35. NAME OF MOTHER—FIRST ANAIS		36. MIDDLE -		37. LAST (MAIDEN) DUSSERE		38. BIRTH STATE FRANCE	
39. DATE MM/DD/CCYY 03/25/1999		40. PLACE OF FINAL DISPOSITION RES JUANITA CARLES 284 N. 3RD #1 SAN JOSE, CA					
41. TYPE OF DISPOSITION(S) CR/ RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR OAK HILL FUNERAL HOME		45. LICENSE NO. FD 991		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fensterstark MD</i>		47. DATE MM/DD/CCYY 03/22/1999	
101. PLACE OF DEATH SAN JOSE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY SANTA CLARA	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 675 E. SANTA CLARA STREET		106. CITY SAN JOSE					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) <i>pancreatic cancer</i>		TIME INTERVAL BETWEEN ONSET AND DEATH <i>1 ml.</i>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B)				109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <i>Colonoscopy & biopsy 3-12-99 Tympanotomy & liver biopsy 3-18-99</i>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST BECAME ILL MM/DD/CCYY MM/DD/CCYY 3-18-96 3-19-99		115. SIGNATURE AND TITLE OF CERTIFIER <i>S. Choslovsky MD</i>		116. LICENSE NO. G-28868		117. DATE MM/DD/CCYY 3-22-99	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP SYDNEY CHOSLOVSKY MD 65 N. 14TH ST SAN JOSE, CA 95112		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

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STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS** } FAX AUTH. # 02244 } CENSUS TRACT
COUNTY OF SANTA CLARA } SS DATE ISSUED **03/24/1999** }
By *Martin D. Fensterstark MD*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.
MARTIN D. FENSTERSTARK
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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Donald A. Barnett
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DOUGLAS CO., NEVADA

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RECORDER

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