

COUNTY of MERCED

HEALTH DEPARTMENT

MERCED, CALIFORNIA

CERTIFICATE OF DEATH

3199824000559

STATE OF CALIFORNIA
 USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV. 1/79)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) DELPHOS 2. MIDDLE DUANE 3. LAST (FAMILY) MOSS

4. DATE OF BIRTH M/M/DD/CCYY 05/14/1921 5. AGE YRS. 77 6. SEX M 7. DATE OF DEATH M/M/DD/CCYY 06/18/1998 8. HOUR 1948

9. STATE OF BIRTH CO 10. SOCIAL SECURITY NO. [REDACTED]-1984 11. MILITARY SERVICE [] YES [X] NO 12. MARITAL STATUS MARRIED 13. EDUCATION—YEARS COMPLETED 11

14. RACE CAUCASIAN 15. HISPANIC—SPECIFY [] YES [X] NO 16. USUAL EMPLOYER SELF-EMPLOYED

17. OCCUPATION OWNER/OPERATOR 18. KIND OF BUSINESS FARM EQUIPMENT/TRUCKING 19. YEARS IN OCCUPATION 50

20. RESIDENCE—STREET AND NUMBER OR LOCATION 2525 CLYDESDALE AVE

21. CITY ATWATER 22. COUNTY MERCED 23. ZIP CODE 95301 24. YRS IN COUNTY 28 25. STATE OR FOREIGN COUNTRY CA

26. NAME, RELATIONSHIP PATRICIA MOSS - WIFE 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2525 CLYDESDALE AVE ATWATER, CA 95301

28. NAME OF SURVIVING SPOUSE—FIRST PATRICIA 29. MIDDLE ANN 30. LAST (MAIDEN NAME) VANN

31. NAME OF FATHER—FIRST DELBERT 32. MIDDLE - 33. LAST MOSS 34. BIRTH STATE KS

35. NAME OF MOTHER—FIRST FLORENCE 36. MIDDLE - 37. LAST (MAIDEN) JONES 38. BIRTH STATE KS

39. DATE M/M/DD/CCYY 06/23/1998 40. PLACE OF FINAL DISPOSITION CHOWCHILLA DISTRICT CEMETERY CHOWCHILLA, CA 93610

41. TYPE OF DISPOSITION BU 42. SIGNATURE OF EMBALMER Matthew A. Pasera 43. LICENSE NO. 6655

44. NAME OF FUNERAL DIRECTOR WORDEN FUNERAL CHAPEL 45. LICENSE NO. FD909 46. SIGNATURE OF LOCAL REGISTRAR [Signature] 47. DATE M/M/DD/CCYY 06/22/1998

101. PLACE OF DEATH RESIDENCE - OWN 102. IF HOSPITAL, SPECIFY ONE: [] IP [] ER/OP [] DCA [] CONV. NURS. [] RES. CARE [] OTHER 103. FACILITY OTHER THAN HOSPITAL: 104. COUNTY MERCED

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2525 CLYDESDALE AVE 106. CITY ATWATER

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
 IMMEDIATE CAUSE (A) PENDING
 DUE TO (B)
 DUE TO (C)
 DUE TO (D)

108. DEATH REPORTED TO CORONER [X] YES [] NO 388-988
 109. BIOPSY PERFORMED [] YES [X] NO
 110. AUTOPSY PERFORMED [X] YES [] NO
 111. USED IN DETERMINING CAUSE [X] YES [] 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.

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY DECEDENT LAST SEEN ALIVE M/M/DD/CCYY

115. SIGNATURE AND TITLE OF CERTIFIER [Signature] 116. LICENSE NO. 117. DATE M/M/DD/CCYY

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

119. MANNER OF DEATH [X] NATURAL [] SUICIDE [] HOMICIDE [] ACCIDENT [] PENDING INVESTIGATION [] COULD NOT BE DETERMINED

120. INJURY AT WORK [] YES [] NO 121. INJURY DATE M/M/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 John D. Arguelles 127. DATE M/M/DD/CCYY 06/22/1998 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER John D. Arguelles, Deputy Coroner

STATE REGISTRAR

AMENDED 1 OF 2

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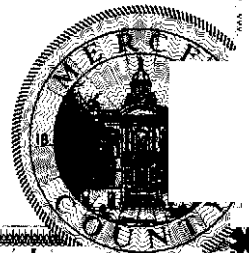
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS COUNTY OF MERCED } DATE ISSUED 09/25/1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.

Margaret [Signature] HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.



COUNTY of MERCED

HEALTH DEPARTMENT

MERCED, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

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|--------------------------------|----|--|----|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | |
| STATE/LOCAL REGISTRAR USE ONLY | 1. | 2. | 3. |

| PART I INFORMATION TO LOCATE RECORD | | | |
|---|----------------------------------|---|----------------------------------|
| NAME AS IT APPEARS ON RECORD | 1. NAME—FIRST (GIVEN) DELPHOS | 2. MIDDLE DUANE | 3. LAST (FAMILY) MOSS |
| ADDITIONAL INFORMATION TO LOCATE RECORD | 4. SEX M | 5. DATE OF EVENT—MM/DD/CCYY 06/18/1998 | 6. CITY OF OCCURRENCE ATWATER |
| | | 7. COUNTY OF OCCURRENCE MERCED | |

| PART II STATEMENT OF CORRECTIONS | | |
|----------------------------------|---|--|
| 8. CERTIFICATE ITEM NUMBER | 9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 10. INFORMATION AS IT SHOULD APPEAR |
| 107a | PENDING | CARDIAC ARRHYTHMIA - MINS |
| 107b | - | ATHEROSCLEROTIC CARDIOVASCULAR DISEASE - MINS |
| 112 | - | HYPERTENSION, LEFT VENTRICULAR HYPERTROPHY, DISSECTING AORTIC ANEURYSM 1983, HYPERCHOLESTEROLEMIA, CHRONIC ATRIAL FIBRILLATION |
| 113 | - | REPAIR OF DISSECTING AORTIC ANEURYSM 12/05/1983 |

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

| | | | |
|--|--|---|--|
| DECLARATION OF CERTIFYING PHYSICIAN OR CORONER | 11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Stephen J. Morris</i> | 12. DATE SIGNED—MM/DD/CCYY 09/02/1998 | 13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER Stephen J. Morris, Deputy Coroner |
| | 14. ADDRESS—STREET AND NUMBER 455 E. 13th Street | 15. CITY Merced | 16. STATE CA |
| 17. ZIP CODE 95340 | 18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS | 19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 09/17/1998 | |

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 208 (Rev. 1/95)
94 27723

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CERTIFIED COPY OF VITAL RECORDS

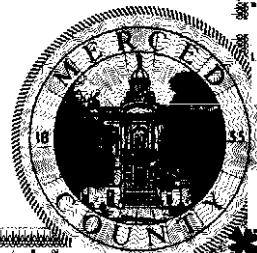
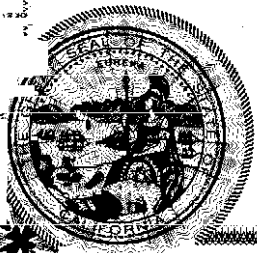
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Margaret Shee
HEALTH OFFICER

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