105781

SK-1/1966/ES-639

BOOK 110 PAGE 845

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1008 2193

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH	2B. HOUR
Henry	John	Toews	July 22, 1979	

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Male	Caucasian	American	October 30, 1900	78 years

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Russia	John Toews, Russia	Maria Koehn, Russia

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	563 50 9092	Married	Margaret Peters

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Farmer	43	Self	Figs

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1001 Sylmar Avenue	00-56.00	Clovis

19D. COUNTY	19E. STATE
Fresno	Ca.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Saint Agnes Hospital	Fresno

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1303 E. Herndon Ave.	Fresno

20. NAME AND ADDRESS OF INFORMANT (RELATION)
Margaret Toews wife
1001 Sylmar Ave.
Clovis, Ca. 93612

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Cardiac arrest — DUE TO OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST — (B) Coronary artery disease — DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: (A) min. (B) yrs. (C)

24. WAS AUTOPSY PERFORMED? no
25. WERE AUTOPSY FINDINGS AVAILABLE? no
26. WAS CASE REFERRED TO CORONER? no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Cerebrovascular accidents

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE OF OPERATION: no

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): July 14, 1979. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): July 22, 79.

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Lee Copeland MD

28C. DATE SIGNED: 7-23-79

28D. PHYSICIAN LICENSE NO.: G32156

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: LEE COPELAND, M.D. 1377 E. HERNDON, FRESNO, CA.

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY (MONTH, DAY, YEAR) | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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 (INQUEST/INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	7-25-79	Reedley Cemetery, Reedley, Calif.	3756 W. T. Bartel

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Iris Funeral Home	Charles W. Maas MD by [illegible]	7-25-79

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS 11 (10-78)

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

SEP 12 3 43 PM '88
A. [illegible], Dep
AUDITOR
GARY H. OLSON

CERTIFICATION NUMBER T80-56232-2

STATE OF CALIFORNIA - COUNTY OF FRESNO
THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF
THIS DOCUMENT FILED AND/OR RECORDED IN THIS OFFICE
ISSUED BY AUTHORITY OF SECTION 10575 OF CALIFORNIA HEALTH AND SAFETY CODE
NOT A CERTIFIED (LEGAL) COPY WITHOUT A RAISED SEAL
AND THE DEPUTY'S INITIALS IN RED INK
RECORDER'S NOTE: PORTIONS OF THIS DOCUMENT ARE OF POOR QUALITY FOR FILMING

Issued
Issued
Filed
Mailed

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

DATED 7/27/79 Charles W. Maas, M.D. by: TOB LOCAL REGISTRAR

2-6-35-2-3-1200