STATE FILE NUMBER

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1155 -- 11

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

| 1a. NAME OF DECEASED—FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME | 2a. DATE OF DEATH—MONTH. DAY. YEAR | 2b. HOUR |
|---|---|---|---|---|
| Lester | William | Troxel | Feb. 20, 1972 | 11:15P M. |

| 3. SEX | 4. COLOR OR RACE | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 6. DATE OF BIRTH | 7. AGE (LAST BIRTHDAY) | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES |
|---|---|---|---|---|---|---|
| Male | White | California | May 8, 1899 | 72 YEARS | | |

8. NAME AND BIRTHPLACE OF FATHER: Frank W. Troxel - Calif.

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Jessie E. Corbin - Calif.

| 10. CITIZEN OF WHAT COUNTRY | 11. SOCIAL SECURITY NUMBER | 12. MARRIED. NEVER MARRIED. WIDOWED. DIVORCED (SPECIFY) | 13. NAME OF SURVIVING SPOUSE (IF WIFE. ENTER MAIDEN NAME) |
|---|---|---|---|
| USA | 545-22-8814 | Married | Edith Carr |

| 14. LAST OCCUPATION | 15. NUMBER OF YEARS IN THIS OCCUPATION | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED. SO STATE) | 17. KIND OF INDUSTRY OR BUSINESS |
|---|---|---|---|
| Heavy Equip. Opert. | 40 | County of Glenn | Construction |

**PLACE OF DEATH**

| 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY | 18b. STREET ADDRESS—(STREET AND NUMBER. OR LOCATION) | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) |
|---|---|---|
| Glenn General Hospital | 1133 W. Sycamore | Yes |

| 18d. CITY OR TOWN | 18e. COUNTY | 18f. LENGTH OF STAY IN COUNTY OF DEATH | 18g. LENGTH OF STAY IN CALIFORNIA |
|---|---|---|---|
| Willows | Glenn | Life YEARS | Life YEARS |

**USUAL RESIDENCE** (IF DEATH OCCURRED IN INSTITUTION. ENTER RESIDENCE BEFORE ADMISSION)

| 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) | 20. NAME AND MAILING ADDRESS OF INFORMANT |
|---|---|---|
| 514 2nd. | No. | Edith Troxel<br>P.O. Box 721<br>Willows, Calif. |

| 19c. CITY OR TOWN | 19d. COUNTY | 19e. STATE |
|---|---|---|
| Willows | Glenn | Calif. |

**PHYSICIAN'S OR CORONER'S CERTIFICATION**

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR. DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AN: _____ (INVESTIGATION OR INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR. DATE. AND PLACE STATED ABOVE. FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED:

| FROM (ENTER MONTH. DAY. YEAR) | TO (ENTER MONTH. DAY. YEAR) | AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH. DAY. YEAR) |
|---|---|---|
| 2/18/72 | 2/20/72 | 2/20/72 |

| 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE | 21d. DATE SIGNED |
|---|---|
| ▶ Arthur J. Rollins MD | 2-22-72 |
| 21e. ADDRESS: Willows, Calif. | 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-15010 |

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

| 22a. SPECIFY BURIAL. ENTOMBMENT OR CREMATION | 22b. DATE | 23. NAME OF CEMETERY OR CREMATORY | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER |
|---|---|---|---|
| Burial | 2-24-72 | Willows Cemetery | Dean H. Clift Jr. 6016 |

| 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 26. IF NOT CERTIFIED BY CORONER. WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) | 27. LOCAL REGISTRAR—SIGNATURE | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR |
|---|---|---|---|
| F.D. Sweet & Son | No | ▶ May Quint | Feb. 24, 1972 |

**CAUSE OF DEATH**

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

CONDITIONS. IF ANY. WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (A) | Acute Myocardial Infarction | 24 m |
| DUE TO. OR AS A CONSEQUENCE OF (B) | Bleeding Inodenal Ulcer | 1 W |
| DUE TO. OR AS A CONSEQUENCE OF (C) | | |

30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART Ia: Arteriosclerosis

| 31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) | 32a. AUTOPSY (SPECIFY YES OR NO) | 32b. IF YES. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) |
|---|---|---|
| | NO | |

**INJURY INFORMATION**

| 33. SPECIFY ACCIDENT. SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME. FARM. FACTORY. OFFICE BUILDING. ETC.) FREEWAY. HIGHWAY. STREET. | 35. INJURY AT WORK (SPECIFY YES OR NO) | 36a. DATE OF INJURY— MONTH. DAY. YEAR | 36b. HOUR |
|---|---|---|---|---|
| | | | | M. |

| 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. ITEM 19. | 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) | 39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) |
|---|---|---|---|
| | MILES | | |

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

**STATE REGISTRAR**

| A. | B. | C. | D. | E. | F. |
|---|---|---|---|---|---|
| | | | | | |

REV. 1-1-68 FORM VS-11

BOOK 545 PAGE 418

State of California
County of Glenn
City of Willows } ss.

This is to certify that the attached is a full, true and correct copy of the original Death Certificate Number 11 as it appears on the records of this office in Book Number 42 at Page 11

In Testimony Whereof, witness my hand at Willows, California, this 25th day of February, 1972.

May Quint

LOCAL REGISTRAR DISTRICT NO. 1155