CERTIFICATION OF VITAL RECORD

GLENN COUNTY

WILLOWS, CALIFORNIA

24

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER

3-96-11-000024

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Edith	Irlene	Troxel

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
10/13/1908	87			F	03/01/1996	0736

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
CA	[redacted]	19 ___ TO 19 ___ [X] NONE	Widowed	10

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES _____ [X] NO	Self

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Homemaker	Own Home	69

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 514 2nd St.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Willows	Glenn	95988	76	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Juanita Sutliff - Daughter	515 1st. St., Willows, CA. 95988

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
-	-	-	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Alex	Unk.	Carr	UNK.USA
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Hattie	Unk.	Unk.	UNK.USA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
03/05/1996	Willows Cemetery, Willows, CA.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
Burial	▶ Jeffrey J. Crist	8187
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE MM/DD/CCYY**
F. D. Sweet & Son	FD239	▶ Carolyn Davis DY 03/04/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
Residence	[ ] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [ ] OTHER	Glenn
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
514 2nd St.			Willows

CAUSE OF DEATH

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

			TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Acute Congestive Heart Failure	2Hrs.
DUE TO	(B)	Coronary Heart Disease	15Yrs.
DUE TO	(C)	ASCVD & Hypertension	20Yrs.
DUE TO	(D)		

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: 96-1623-12

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] 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.

PHYSICIAN'S CERTIFICATION

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 MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
01/10/1996	02/16/1996

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ Dwaine Jones MD

116. LICENSE NO.	117. DATE MM/DD/CCYY
A 21329	03/01/1996

118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS + ZIP: Dwaine Jones — 1133 W. Sycamore St. Willows, CA. 95988

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

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

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

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

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

05009

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF GLENN } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the GLENN COUNTY CLERK-RECORDER.

CAROLYN DAVIS
GLENN COUNTY CLERK-RECORDER

DATE ISSUED MAR - 4 1996

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE