

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of STANISLAUS
MODESTO, CALIFORNIA

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH				LOCAL JURISDICTION		
CERTIFICATE OF DEATH				DISTRICT AND		
STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH				CERTIFICATE NUMBER <u>1097</u>		
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR		
	Alexander	Michael	Stahl	October 8, 1959 8:10 A		
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	8. HOUR
	Male	White	Kansas	July 4, 1870	89 YEARS	
	8. NAME AND BIRTHPLACE OF FATHER	9. MOTHER'S NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	
Frank M. Stahl (Ohio)	Jennie Dixon (Kansas)		USA	555-52-7879		
12. MAIN OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM		15. KIND OF INDUSTRY OR BUSINESS		
Manager	25	Self employed		Motel		
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED	18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE		
No	Married	Jean Stahl		Housewife		
PLACE OF DEATH	19a. PLACE OF DEATH—NAME OF HOSPITAL		19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			
	At Home		581 S. 99 Highway			
	19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA		
Modesto	Stanislaus	YEARS	YEARS			
LAST USUAL RESIDENCE (WHERE DECEASED LIVED—IF IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)		20b. IF INSIDE CITY CORPORATE LIMITS CHECK ONE		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
	581 S. 99 Highway		<input type="checkbox"/> CHECK HERE <input type="checkbox"/> ON A FARM <input checked="" type="checkbox"/> NOT ON A FARM		Jean Stahl	
20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OR OCCUPATION)			
Modesto	Stanislaus	California	Same			
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN—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:		22c. PHYSICIAN OR CORONER—SIGNATURE			
	AND THAT I AM NOT AWARE OF ANY OTHER CAUSE OF DEATH		<i>Ernest M. Milligan M.D.</i>			
	22b. CORONER—HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ANATOMICAL AUTOPSY (CHECK ONE) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW	22d. ADDRESS		22e. DATE SIGNED		
	920-15, Modesto.		10/9/59			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER		
	Burial	10/12/59	Turlock Cemetery	<i>Ernest M. Milligan</i> 3863		
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING IN SUCH CAPACITY)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE				
Norton Mortuary	10-13-59	<i>Robert S. Westphal, M.D.</i>				
CAUSE OF DEATH	30. CAUSE OF DEATH		ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)			
	PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)		<i>Cerebral Hemorrhage</i>			
	CONDITIONS IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		<i>Arterio-sclerosis</i>			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		10" 10/12/59				
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE		32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE		
	<input type="checkbox"/> NO OPERATION PERFORMED <input checked="" type="checkbox"/> OPERATION PERFORMED—(CHECK ONE) (A) AUTOPSY PERFORMED—(CHECK ONE) (A) AUTOPSY PERFORMED—(CHECK ONE) (A) AUTOPSY PERFORMED—(CHECK ONE) (A)		9/16/59	<input checked="" type="checkbox"/> AUTOPSY PERFORMED—(CHECK ONE) (A) AUTOPSY PERFORMED—(CHECK ONE) (A) AUTOPSY PERFORMED—(CHECK ONE) (A)		
INJURY INFORMATION	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED			
			66 THE BEST			
	35a. TIME OF INJURY	35b. INJURY OCCURRED	35c. PLACE OF INJURY	35d. CITY, TOWN OR LOCATION		
	<input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK					

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF STANISLAUS } SS

DATE ISSUED **OCT 25 2010**

* 50-420854 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.

Lee Lundrigan
LEE LUNDRIGAN, Clerk-Recorder
STANISLAUS COUNTY, CALIFORNIA

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

