

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

GLENN COUNTY
WILLOWS, CALIFORNIA

STATE
FILE
NUMBER

CERTIFICATE OF DEATH

LOCAL REGISTRATION 1155
DISTRICT AND 86
CERTIFICATE NUMBER 100

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Charles	1b. MIDDLE NAME Wayman	1c. LAST NAME Abbott	2a. DATE OF DEATH—MONTH, DAY, YEAR Aug. 17, 1966	2b. HOUR 7:00 AM
	3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	6. DATE OF BIRTH June 17, 1910	7. AGE (LAST BIRTHDAY) 56 YEARS
	8. NAME AND BIRTHPLACE OF FATHER John Abbott, Unknown		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Laura Unknown		10. CITIZEN OF WHAT COUNTRY USA
	11. SOCIAL SECURITY NUMBER 520-01-3511				
PLACE OF DEATH	12. LAST OCCUPATION Truck Driver	13. NUMBER OF YEARS IN THIS OCCUPATION 2	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE) Glenn County Road Dept.	15. KIND OF INDUSTRY OR BUSINESS	
	16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE No	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	18a. NAME OF PRESENT SPOUSE Ella Abbott	18b. PRESENT OR LAST OCCUPATION OF SPOUSE Housewife	
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	19a. PLACE OF DEATH—NAME OF HOSPITAL D.O.A. Glenn General Hospital		19b. STREET ADDRESS (ONE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) 1733 Wilcox Avenue St.		
	19c. CITY OR TOWN Willows	19d. COUNTY Glenn	19e. STATE California	19f. LENGTH OF STAY IN COUNTY OF DEATH 33 YEARS	19g. LENGTH OF STAY IN CALIFORNIA 33 YEARS
PHYSICIAN'S OR CORONER'S CERTIFICATION	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) Artois		20b. IF INSIDE CITY CORPORATE LIMITS, CHECK HERE <input type="checkbox"/> INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) Ella Abbott	
	20c. CITY OR TOWN Artois		20d. COUNTY Glenn	20e. STATE California	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) Artois, California
	22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT, AT THE TIME HE DECEASED, HE WAS ALIVE AND THAT I LAST SAW THE DECEASED ALIVE ON Investigation		22c. PHYSICIAN OR CORONER—SIGNATURE Nick G. Stewart		22e. DATE SIGNED 8-18-66
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED ABOVE AND THAT I HAVE BEEN ADVISED Investigation		22d. ADDRESS Willows, California		
	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation	24. DATE 8-20-66	25. NAME OF CEMETERY OR CREMATORY Sierstew Mem.Park	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Darrell L. Kathka 4578	
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) F. D. Sweet & Son		28. DATE ACTED AS REGISTRAR Aug. 19, 1966	29. LOCAL REGISTRAR—SIGNATURE May Quint	
CAUSE OF DEATH	30. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY THE FOLLOWING TERMINAL DISEASE CONDITION (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) IMMEDIATE CAUSE (A): Myopericardium due to dissecting aneurysm of aorta due to arteriosclerosis.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A).				
MEDICAL AND HEALTH DATA	31. OPERATION—CHECK ONE: <input type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE: <input type="checkbox"/> NO AUTOPSY PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED (NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30)		
	35a. TIME OF INJURY HOUR MONTH DAY YEAR M.		35b. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		
INJURY INFORMATION	35c. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)		35d. CITY, TOWN, OR LOCATION COUNTY STATE		

Filed September 15, 1966

Recorder

**NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY**

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF GLENN

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.

DATE ISSUED **OCT 16 2009**

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



* 000031433 *

Sheryl J.
SHERYL THURP
GLENN COUNTY CLERK-RECORDER

