

# CERTIFICATE OF DEATH

1155 -- 11

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>Lester</b>		1b. MIDDLE NAME <b>William</b>		1c. LAST NAME <b>Troxel</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>Feb. 20, 1972</b>		2b. HOUR <b>11:15P</b>			
	3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>California</b>		6. DATE OF BIRTH <b>May 8, 1899</b>		7. AGE (LAST BIRTHDAY) <b>72</b> YEARS		IF UNDER 1 YEAR MONTHS      DAYS IF UNDER 24 HOURS HOURS      MINUTES			
	8. NAME AND BIRTHPLACE OF FATHER <b>Frank W. Troxel - Calif.</b>				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Jessie E. Corbin - Calif.</b>							
	10. CITIZEN OF WHAT COUNTRY <b>USA</b>		11. SOCIAL SECURITY NUMBER <b>545-22-8814</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Edith Carr</b>					
14. LAST OCCUPATION <b>Retired Heavy Equip. Opert.</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>40</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>County of Glenn</b>		17. KIND OF INDUSTRY OR BUSINESS <b>Construction</b>						
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Glenn General Hospital</b>				18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>1133 W. Sycamore</b>				18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>			
	18d. CITY OR TOWN <b>Willows</b>		18e. COUNTY <b>Glenn</b>		18f. LENGTH OF STAY IN COUNTY OF DEATH <b>Life</b> YEARS		18g. LENGTH OF STAY IN CALIFORNIA <b>Life</b> YEARS					
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>514 2nd.</b>				19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>No.</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Edith Troxel P.O. Box 721 Willows, Calif.</b>					
	19c. CITY OR TOWN <b>Willows</b>		19d. COUNTY <b>Glenn</b>		19e. STATE <b>Calif.</b>							
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 AND:  (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      TO      AND ENTER MONTH, DAY, YEAR      ENTER MONTH, DAY, YEAR      I LAST SAW THE DECEASED ALIVE ON ENTER MONTH, DAY, YEAR		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <b>Arthur J. Rollins MD</b>		21d. DATE SIGNED <b>2-22-72</b>		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>A-15010</b>			
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		22b. DATE <b>2-24-72</b>		23. NAME OF CEMETERY OR CREMATORY <b>Willows Cemetery</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Dean H. Clift Jr. 6016</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>Feb. 24, 1972</b>			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>F.D. Sweet &amp; Son</b>				26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>No</b>		27. LOCAL REGISTRAR—SIGNATURE <b>May Quint</b>					
	29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE      ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C (A) <b>Acute Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF (B) <b>Bleeding Inodenal Ulcer</b> DUE TO, OR AS A CONSEQUENCE OF (C) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. <b>Arteriosclerosis</b>											
CAUSE OF DEATH	30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>Arteriosclerosis</b>						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) <b>NO</b>		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		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, MILES		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)			
	40. DESCRIBE HOW INJURY OCCURRED—ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29											
STATE REGISTRAR												

REV. 1-1-68 Form VS-11

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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

