

GLENN COUNTY

WILLOWS, CALIFORNIA

24

CERTIFICATE OF DEATH

3-96-11-000024

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Edith		2. MIDDLE Irlene		3. LAST (FAMILY) Troxel			
4. DATE OF BIRTH MM/DD/CCYY 10/13/1908		5. AGE YRS. 87	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX F	7. DATE OF DEATH MM/DD/CCYY 03/01/1996	8. HOUR 0736
9. STATE OF BIRTH CA	10. SOCIAL SECURITY NO. 564-54-8311		11. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS Widowed	13. EDUCATION—YEARS COMPLETED 10	
14. RACE White	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self				
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 69			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 514 2nd St.							
21. CITY Willows		22. COUNTY Glenn		23. ZIP CODE 95988	24. YRS IN COUNTY 76	25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Juanita Sutfliiff - Daughter				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 515 1st. St., Willows, CA. 95988			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST Alex		32. MIDDLE Unk.		33. LAST Carr		34. BIRTH STATE UNK.USA	
35. NAME OF MOTHER—FIRST Hattie		36. MIDDLE Unk.		37. LAST (MAIDEN) Unk.		38. BIRTH STATE UNK.USA	
39. DATE MM/DD/CCYY 03/05/1996		40. PLACE OF FINAL DISPOSITION Willows Cemetery, Willows, CA.					
41. TYPE OF DISPOSITIONS Burial		42. SIGNATURE OF EMBALMER <i>Jeffrey D. Crist</i>				43. LICENSE NO. 8187	
44. NAME OF FUNERAL DIRECTOR F. D. Sweet & Son		45. LICENSE NO. FD239	46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 03/04/1996		
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Glenn	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 514 2nd St.		106. CITY Willows					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORONER TIME INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 96-1623-12	
IMMEDIATE CAUSE (A)	Acute Congestive Heart Failure				2Hrs.		
DUE TO (B)	Coronary Heart Disease				15Yrs.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)	ASCVD & Hypertension				20Yrs.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.							
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 M/DD/CCYY 01/10/1996 02/16/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>Dwaine Jones MD</i>		116. LICENSE NO. A 21329	117. DATE MM/DD/CCYY 03/01/1996		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Dwaine Jones 1133 W. Sycamore St. Willows, CA. 95988		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY		
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		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

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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.

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[Signature]
CAROLYN DAVIS
GLENN COUNTY CLERK-RECORDER