

NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE NUMBER 3200-72

DECEDENT PERSONAL (TA)	1A. NAME OF DECEASED—FIRST NAME <b>George</b>		1B. MIDDLE NAME <b>William</b>		1C. LAST NAME <b>Quellich Sr.</b>		2A. DATE OF DEATH—MONTH, DAY, YEAR <b>August 31, 1958</b>		2B. HOUR <b>5:30 P</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>2/10/1906</b>		7. AGE (LAST BIRTHDAY) <b>52</b> YEARS		IF UNDER 1 YEAR IF UNDER 24 HOURS					
	8. NAME AND BIRTHPLACE OF FATHER <b>Thomas Quellich Unk.</b>			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Mabel Jane Unknown</b>			10. CITIZEN OF WHAT COUNTRY <b>USA</b>		11. SOCIAL SECURITY NUMBER					
	12. LAST OCCUPATION <b>Policeman</b>		13. NUMBER OF YEARS IN THIS OCCUPATION <b>30</b>		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Oakland Police Dept.</b>		15. KIND OF INDUSTRY OR BUSINESS <b>Law Enforcement</b>							
	16. IF DECEASED WAS EVER IN U. S. ARMED FORCES. GIVE WAR OR DATES OF SERVICE. <b>No</b>		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		18A. NAME OF PRESENT SPOUSE <b>Mabel Quellich</b>		18B. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Homemaker</b>							
PLACE OF BIRTH	19A. PLACE OF DEATH—NAME OF HOSPITAL <b>Johnsville</b>				19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>Eureka Peak</b>									
	19C. CITY OR TOWN <b>Johnsville</b>				19D. COUNTY <b>Plumas</b>		19E. LENGTH OF STAY IN COUNTY OF DEATH <b>8 mos.</b> YEARS		19F. LENGTH OF STAY IN CALIFORNIA <b>Life</b> YEAR					
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>Johnsville</b>				20B. IF INSIDE CITY CORPORATE LIMITS <input type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input checked="" type="checkbox"/> NOT ON A FARM		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Mabel Quellich</b>					
	20C. CITY OR TOWN <b>Johnsville</b>		20D. COUNTY <b>Plumas</b>		20E. STATE <b>California</b>		21B. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) <b>Johnsville, Calif.</b>							
PHYSICIAN'S OR CORONER'S CERTIFICATION	22A. 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 THAT I LAST SAW THE DECEASED ALIVE ON _____					22C. PHYSICIAN OR CORONER—SIGNATURE <b>W.C. Abernethy, Jr., Coroner</b>					DEGREE OR TITLE			
	22B. 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 AN _____ AUTOPSY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.					22D. ADDRESS <b>Quincy, Calif.</b>			22E. DATE SIGNED <b>9/5/58</b>					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Cremation</b>		24. DATE <b>9/5/58</b>		25. NAME OF CEMETERY OR CREMATORY <b>Chapel of Chimes, Oakland</b>		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Richard G. Anderson 3881</b>							
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING IN SUCH CAPACITY) <b>Anderson Mortuary</b>			28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>9/5/58</b>		29. LOCAL REGISTRAR—SIGNATURE <b>W.B. McKnight, M.D./mh</b>								
CAUSE OF DEATH	30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: <b>Crushing and Penetrating injuries to chest.</b> IMMEDIATE CAUSE (A)										APPROXIMATE INTERVAL BETWEEN ONSET OF DEATH			
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. ) DUE TO (B) _____ DUE TO (C) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)													
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE: <input type="checkbox"/> OPERATION PERFORMED <input checked="" type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH				32. DATE OF OPERATION <b>9/1/58</b>		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					AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		
	34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>Accident</b>				34B. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM)									
INJURY INFORMATION	35A. TIME OF INJURY <b>5:30 P M. 8 31 58</b>				35B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK				35C. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING) <b>Johnsville</b>		35D. CITY, TOWN, OR LOCATION <b>Johnsville</b>		COUNTY <b>Plumas</b>	STATE <b>Calif.</b>

MEDICAL AND HEALTH DATA