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9337

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 4100 1029

Field	Entry
1a. Name of deceased—First name	HARRY
1b. Middle name	FRANKLIN
1c. Last name	FORISTER
2a. Date of death	April 12, 1966
2b. Hour	9:25 a.m.
3. Sex	Male
4. Color or race	White
5. Birthplace	Colorado
6. Date of birth	November 9, 1916
7. Age	49 years
8. Name and birthplace of father	Thomas E. Forister, Mo.
9. Maiden name and birthplace of mother	Jeannetta Poe, Mo.
10. Citizen of what country	U. S. A.
11. Social security number	554-10-2179
12. Last occupation	Flight Engineer
13. Number of years in this occupation	27
14. Name of last employing company or firm	Pan American World Airways
15. Kind of industry or business	Transportation
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	Arline A. Forister
18b. Present or last occupation of spouse	Housewife
19a. Place of death—Name of hospital	Peninsula Hospital
19b. Street address	1783 El Camino Real
Inside city corporate limits	[X]
Outside city corporate limits	[ ]
19c. City or town	Burlingame
19d. County	San Mateo
19e. Length of stay in county of death	4½ years
19f. Length of stay in California	12 years
20a. Last usual residence—Street address	1345 Tuolumne Rd.
20b. If inside city corporate limits	[X] Check here
If outside city corporate limits	[ ] On a farm [ ] Not on a farm
20c. City or town	Millbrae
20d. County	San Mateo
20e. State	California
21a. Name of informant (if other than spouse)	
21b. Address of informant	

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 April 11, 66 to April 12, 66 and that I last saw the deceased alive on April 12, 66

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 ______ on the remains of deceased as required by law

22c. Physician or coroner—Signature: Frank W. [illegible] MD

22d. Address: 1515 Trousdale Blvd

22e. Date signed: April 13, 66

23. Specify burial, entombment or cremation	24. Date	25. Name of cemetery or crematory	26. Embalmer—Signature	License number
Burial	4/14/66	Cypress Lawn Memorial Park	D. Wayne Guthrie	3729

27. Name of funeral director	28. Date accepted for registration by local registrar	29. Local registrar—Signature
CROSBY-N. GRAY AND CO.	APR 14 1966	H. D. Chope, M.D. [illegible]

30. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

		Approximate interval between onset and death
Part I. Death was caused by: Immediate cause (a)	Intracerebral hemorrhage,	24 hrs
Due to (b)	right. Etiology undetermined	
Due to (c)		

Part II: Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a)

31. Operation—Check one: [X] No operation performed [ ] Operation performed—findings used in determining above stated causes of death [ ] Operation performed—findings not used in determining above stated causes of death

32. Date of operation:

33. Autopsy—Check one: [X] No autopsy performed [ ] Autopsy performed—gross findings used in determining above stated causes of death [ ] Autopsy performed—findings not used in determining above stated causes of death

34a. Specify accident, suicide or homicide:

34b. Describe how injury occurred:

35a. Time of injury: Hour / Month / Day / Year

35b. Injury occurred: [ ] While at work [ ] Not while at work

35c. Place of injury:

35d. City, town, or location / County / State

Rev. 1-1-58 Form VS-11

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA

THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE

DATED: JUNE 1, 1966

H. D. Chope
H. D. CHOPE, M.D.
DIRECTOR AND LOCAL REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Boivin & Boivin

this 20 day of October A.D. 1966 4:06 o'clock A.M., and

duly recorded in Vol. M-66, of Deeds on Page 10139

DORTHY ROGERS, County Clerk

By [signature]

Fee 1.50

IN THE CIRCUIT COURT OF

In the Matter of the Es
of CANDACE REECE, Decea

Lucille O'Bri
Reece, Deceased, having
matter of the administr
appearing therefrom tha
in said estate except t
therein to the sole sur

And it appear
account was published i
for four successive wee
law,

NOW, THEREFOR
account of Lucille O'B
hereby approved;

IT IS FURTHER
be and she is hereby au
on hand in said estate
residing at Eastern Ore
law of said decedent;

IT IS FURTHER
described as follows,

Beginning at a po
of the southeast
Southeast Quarter
7 East of the Wil
208.7 feet; thenc
feet; thence Nort
thence South 208.
taining 1.5 acres

(Code 8, Ma

be and the same is her

Page -1- Order Approvi

WM. M. BRIGGS
ATTORNEY AT LAW
76 EAST MAIN STREET
ASHLAND, OREGON 97520

sole heir of decedent;

And that upon f

Administratrix be dischar

DATED this 13th

RECEIVED FILED
1966 Oct 14 PM 3 45
E. M. Madden
Jackson County Clerk
Docketed by Lenita Wyatt

WM. M. BRIGGS
ATTORNEY AT LAW
76 EAST MAIN STREET
ASHLAND, OREGON 97520

KODAK SAFETY

STATE OF OREGON,
County of Jackson } ss

I, E. M. MADDEN, County

aforesaid, do hereby certify that th

Deweeing Distribution in P-

has been by me compared with the o

whole of such original as same ap

IN WITNESS WH

STATE OF ORE

filed for record

this ... day

duly recorded i