22819

CERTIFICATE OF DEATH

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — 0700 01160 MAY 1968 PAGE 4248 LOCAL OR BRANCH REGISTRAR'S NUMBER — CERTIFICATE NUMBER

68-012

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH (MONTH, DAY, YEAR)	2b. HOUR
Elmer	Ross	Pearson	May 3, 1968	1:45 P.m.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	White	Oregon	February 5, 1914	54 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Christopher Pearson - Oregon	Mary Simpson - Oregon

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	543-10-2851	Married	Janet (Coultard) Pearson

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Salesman	25	Simon's Hardware	Retail Store

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Concord Community Hospital	2540 East St	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Concord	Contra Costa	3 YEARS	8 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
57 Tahoe Ct Apt 2	Yes	Janet C. Pearson 57 Tahoe Ct #2 Walnut Creek, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Walnut Creek	Contra Costa	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AS THE HOUR, DATE AND PLACE STATED ABOVE. INVESTIGATION OF (NO) (DATE)	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			21c. PHYSICIAN OR CORONER—SIGNATURE AND TITLE	21d. DATE SIGNED
	FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE (ENTER MONTH, DAY, YEAR)	Richard R. Smith	5-4-68
	10-66	5-3-68	5-3-68	21e. ADDRESS: 3398 East Concord	21f. PHYSICIAN'S LICENSE NUMBER: A-13683

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	May 8, 1968	Klamath Memorial Park	Warren A. Williams 5584

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED BY LOCAL REGISTRAR
O'Hair's Memorial Chapel Klamath Falls, Oregon	no	Glen W. Kent, M.D.	MAY 6 1968

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cerebral ischemia	minutes
DUE TO, OR AS A CONSEQUENCE OF (B)	Myocardial Infarction	32 hours
DUE TO, OR AS A CONSEQUENCE OF (C)	Coronary Thrombosis	"

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: generalized arteriosclerosis

31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
no	yes	yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, 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)

MEDICAL AND HEALTH DATA

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
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REV. 1-1-68 Form VS-11

CERTIFICATION STATEMENT: This is to certify, that the foregoing is a true and correct copy of statements appearing on the record of death of the above named decedent as filed in this office.

SIGNATURE OF CERTIFYING OFFICIAL: Glen W. Kent, M.D. — OFFICIAL TITLE: Local Registrar

PLACE OF CERTIFICATION: Contra Costa County Health Department, Martinez, California — DATE OF CERTIFICATION: 5-6-68

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

4-8-50
Form HSS-196

STATE OF OREGON, } ss
County of Klamath

Filed for record at request of
Transamerica Title Insurance
on this 9 day of May A. D. 19 68
at 3:21 o'clock PM and duly
recorded in Vol. M-68 of Deeds
Page 4248

DOROTHY ROGERS, County Clerk
By Laura L. Keyes Deputy

Fee 1.50

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