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30667 VOL M69 PAGE 9560 0196

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1008

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST
Howard	Miles	Moorhead

2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
1-16-1969	10:45p 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	Penn.	9-30-1905	63 years

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Madison Moorhead-(Unk.)	Clara Ruthner-(Unk.)

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)
U.S.A.	(unknown)	Married	Grace Gowdy

14. LAST OCCUPATION	15. NO. OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYER; COMPANY OR FIRM (IF SELF-EMP. SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Farmer	8	Self Employed	Citrus (farm)

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY	18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
St. Agnes Hospital	530 W. Florodora Ave.	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN HOSPITAL	18g. LENGTH OF STAY AT PLACE OF DEATH
Fresno	Fresno	1 Mo. xx	23 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
20491 Ave. 384	No	Grace Moorhead P.O.BOX 605 Woodlake

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Woodlake	Tulare	Calif.

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER	21b. PHYSICIAN (I HEREBY CERTIFY THAT I ATTENDED DECEASED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED HEREON AND THAT I ATTENDED THE DECEASED) FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	ANY (SPECIFY YES OR NO) (LENGTH OF TIME)
Investigation			

21c. SIGNATURE, DEGREE OR TITLE: Marie Donovan, Dep — 21d. DATE SIGNED: 1-17-69

21e. ADDRESS: Fresno, California — 21f. LICENSE NUMBER

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER (SIGNATURE)	24a. EMBALMER'S LICENSE NUMBER
Burial	1-20-69	Woodlake Dist. Cemet.	[signature]	5341

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. (IS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO))	27. LOCAL REGISTRAR (SIGNATURE)	28. DATE ACCEPTED BY LOCAL REGISTRAR
Hadley Funeral Serv.	~~Yes~~	[signature]	1-17-69

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) Cerebral maceration and (malacia)

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. 755.X

DUE TO, OR AS A CONSEQUENCE OF (B) Self-inflicted gunshot wound

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROX. INTERVAL BETWEEN ONSET AND DEATH

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

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN PART I OR II DURING PAST YEAR? (SPECIFY YES OR NO) — 32a. AUTOPSY? (SPECIFY YES OR NO) — 32b.

31.	32a.
	No

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, PUBLIC BUILDING, FACTORY, STREET, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH DAY YEAR	36b. HOUR
Suicide	Home	No	12-14-68	6:15 A. M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DURING WHAT ACTIVITY WAS INJURY RECEIVED (E.G., WHILE WORKING FOR PAY, WHILE ATTENDING SCHOOL, WHILE KEEPING HOUSE, ETC.)	38. DID DECEASED'S OCCUPATION CONTRIBUTE TO INJURY? (SPECIFY YES OR NO)	39. WAS INJURY RELATED TO YOUR EMPLOYMENT? (SPECIFY YES OR NO)
20491 Avenue 384, Woodlake, California	-0-	No	No

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

Self-inflicted gunshot wound

MEDICAL AND HEALTH DATA

#29A per Cor. Ofc. 1-21-69dl #11 per Funeral home 1-21-69dl

FRESNO COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF VITAL STATISTICS

No 3829

DATE 1-27-69

THIS IS TO CERTIFY THAT THE ATTACHED IS A TRUE COPY OF THE death CERTIFICATE OF Howard Miles Moorhead FILED IN THIS OFFICE.

PAYMENT OF $2.00 RECEIVED

BY dl

WILLIAM A. DEFRIES, M.D.
COUNTY HEALTH OFFICER AND
LOCAL REGISTRAR OF VITAL STATISTICS

BY [signature] DEPUTY REGISTRAR

DO NOT REMOVE FROM ATTACHED CERTIFICATE

DM: PROGR: 1335: 7-68

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Grace G. Moorhead

on this 14th day of November A. D., 19 69

at 9:20 o'clock A. M. and duly recorded in Vol. M-69 of Deeds

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WM. D. MILNE, County Clerk

Fee $1.50 By Charlene K. Horstman Deputy.