Vol. VV M Page 14875

94877 **CERTIFICATE OF DEATH** 3000 05620

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
FRANK	JOSEPH	PAQUETTE	July 19, 1974	3:30 a 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	Caucasian	Michigan	Aoril 1, 1932	42 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Harry Turner - Michigan	Margaret Harrington - Ireland

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.	563 38 5132	Married	Yvonne Honaker

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
Partner	10	Self Employed	Bottled Water

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)
Chapman General Hospital:DOA	2601 East Chapman Avenue	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Orange	Orange	9 YEARS	35 YEARS

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
18122 Romelle Ave.	No	Rosalind Honaker 387 W. Bay St. Costa Mesa, Calif. 92627

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Santa Ana	Orange	Calif.

21a. 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.	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. FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
Investigation (INVESTIGATION OR INQUEST)		▶ BY DEPUTY	7-20-74
		21e. ADDRESS 400 CIVIC CENTER DRIVE WEST SANTA ANA, CALIF. 92711:St	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

22a. SPECIFY BURIAL, ENTOMBMENT, OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	7/23/74	Holy Sepulcher Cemetery Orange, California	John C. Shafer 6073

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 RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Blower Brothers Mortuary Santa Ana, California	---	John R. Philp M.D.	7/22/74

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)	Pending investigation	
DUE TO, OR AS A CONSEQUENCE OF (B)		
DUE TO, OR AS A CONSEQUENCE OF (C)		

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.

31. WAS OPERATION OR BIOPSY 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)

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

A.	B.	C.	D.	E.	F.

STATE OF CALIFORNIA, DEPARTMENT OF

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: $2.00 ☑ No Fee Government Purposes ☐

Date: AUG 12 1974

JOHN R. PHILP, M.D., Health Officer and Registrar of Births and Deaths of Orange County

RECEIVED AUG 12 1974

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH

3000 05620

(INSTRUCTIONS ON REVERSE)

NUMBER 14876 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
FRANK	JOSEPH	PAQUETTE

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
Orange	7-19-74	7-22-74

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

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

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

IMMEDIATE CAUSE (A) Pending investigation

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

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

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	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)
	MILES		

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

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

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

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

IMMEDIATE CAUSE (A) Carbon monoxide poisoning

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

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

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
Accident	Home	No	7-19-74	3:00 A. 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	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)
18122 Romelle Avenue, Santa Ana	0 MILES	yes	yes

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

Decedent inhaled smoke from a residential fire.

5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

6a. SIGNATURE OF PHYSICIAN OR CORONER — By Thomas A. Walczak, Deputy

6b. DATE SIGNED 8-9-74

7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE) James A. Musick, Sheriff-Coroner

7b. DEGREE OR TITLE

7c. ADDRESS—STREET, CITY, STATE 400 Civic Center Drive West, Santa Ana

8a. OFFICE OF STATE OR LOCAL REGISTRAR John R. Philip, M.D. Jr

8b. DATE ACCEPTED AUG 12 1974

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS 74-2611 St (REV. 1-1-69) FORM VS-24B

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Health Officer and Local Registrar of Births and Deaths of Orange County

JOHN R. PHILIP, M.D.

Not For Government Purposes ☐

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of CONN LYNCH & STORY ATTYS

this 19th day of November A. D., 19 74 at 2:35 o'clock P M., and duly recorded in

Vol. M 74, of DEEDS on Page 14875

FEE $ 4.00

WM. D. MILNE, County Clerk

By Hazel Drazel Deputy

Ret: Conn Lynch & Story
620 No. First
Lakeview, Ore. 97630

RECEIVED NOV 15 1974