97142

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Vol. M-75 Page 1436

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NO.

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH	2b. HOUR
Robert	Milton	Capper	August 21, 1974	6:50 A.M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)
Male	Cauc.	North Dakota	June 20, 1914	60 YEARS

8. NAME AND BIRTHPLACE OF FATHER: Ira M. Capper-Virginia

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Ina Belle Scott-Iowa

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)
United States	573-03-2080	Married	Kathryn Joyce

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
Administrative Officer	30 Years	Internal Revenue Service	U.S.Government

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTIONAL FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
South County Convalescent Hospital	1212 Farroll Road	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Arroyo Grande	San Luis Obispo	3 YEARS	50 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
442 Golden West Place	Yes	Kathryn Capper 442 Golden West Place Arroyo Grande, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Arroyo Grande	San Luis Obispo	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

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 OR ASSUMED JURISDICTION OR INQUEST 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 9/15/73 TO 8/21/74 AND LAST SAW DECEASED ALIVE ON 8/21/74

21c. PHYSICIAN OR CORONER—SIGNATURE AND TITLE	21d. DATE SIGNED
[signature]	9/24/74

21e. ADDRESS	21f. LICENSE NUMBER
345 South Halcyon Arroyo Grande, California	A21181

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	Aug. 23, 1974	Arroyo Grande Cemetery	Marvin D. Gregory 3710

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 BY LOCAL REGISTRAR
Wood Funeral Home	No	H. Howard Kuumoto MD	August 23, 1974

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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.

(A) IMMEDIATE CAUSE	Cardiac arrest	10 min.
(B) DUE TO, OR AS A CONSEQUENCE OF	Pulmonary edema	hrs.
(C) DUE TO, OR AS A CONSEQUENCE OF	Lung Metastasis	unk.

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

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 29 OR 30? (SPECIFY YES OR NO)	32a. DATE OF OPERATION	32b. HOUR
	No	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY WHETHER FROM FACTORY, OFFICE BUILDING, FARM, PUBLIC HIGHWAY, STREET, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (SPECIFY MILES OR BLOCKS)	38. MEDICAL LABORATORY TESTS WHICH REVEALED OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE ANY OF THESE CONDITIONS DUE TO INJURY? (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.)

STATE REGISTRAR

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

BY (SIGNATURE AND TITLE)

This is to certify, That this is a full, true and correct copy of the record on file in this office and that the same has been carefully compared.

SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

Aug. 26, 74 By H. Howard Kuumoto MD
Deputy Registrar

return to Royal Realty
1513 E Main
Klamath Falls, OR
97601

RECEIVED FEB 4 1975
10:10 am

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath Co. Title Co.

this 4th day of Feb. A. D. 1975 at 10:10 o'clock A.M., and

duly recorded in Vol. M-75, of Deed on Page 1436

INDEXED

Fee $2.00 Wm. D. MILNE, County Clerk

By [signature]