Vol. M75 Page 7828

2620 **CERTIFICATE OF DEATH** 4500 293

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

DECEDENT PERSONAL DATA

- 1a. Name of deceased — first name: BARBARA
- 1b. Middle name: HELEN
- 1c. Last name: CRAIG
- 2a. Date of death: May 9, 1975
- 2b. Hour: 11:[illegible]
- 3. Sex: Female
- 4. Color or race: Caucasian
- 5. Birthplace: California
- 6. Date of birth: Sept. 26, 1920
- 7. Age: 54 years
- 8. Name and birthplace of father: Earl Whipple, Illinois
- 9. Maiden name and birthplace of mother: Margaret Ann Miller, California
- 10. Citizen of what country: USA
- 11. Social security number: —
- 12. Married, never married, widowed, divorced: Married
- 13. Name of surviving spouse: Carl Craig
- 14. Last occupation: Housewife
- 15. Number of years in this occupation: —
- 16. Name of last employing company or firm: —
- 17. Kind of industry or business: —

PLACE OF DEATH

- 18a. Place of death — name of hospital or other in-patient facility: Own Home
- 18b. Street address: Route #2, Box 635
- 18c. Inside city corporate limits: No
- 18d. City or town: Shingletown
- 18e. County: Shasta
- 18f. Length of stay in county of death: 18 years
- 18g. Length of stay in California: Life

USUAL RESIDENCE (if death occurred in institution enter residence before admission)

- 19a. Usual residence — street address: Route #2, Box 635
- 19b. Inside city corporate limits: No
- 19c. City or town: Shingletown
- 19d. County: Shasta
- 19e. State: California
- 20. Name and mailing address of informant: Carl Craig, Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. Coroner: Investigation
- 21b. Physician:
- 21c. Physician or coroner — signature and degree or title: [signature] Deputy Coroner
- 21d. Date signed: 5-12-75
- 21e. Address: 1443 West Street, Redding, Calif. 96001

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. Specify burial, entombment or cremation: Burial
- 22b. Date: 5-13-75
- 23. Name of cemetery or crematory: Fort Jones Cemetery
- 24. Embalmer — signature: [signature] License number: 5851
- 25. Name of funeral director (or person acting as such): McDonald's Chapel, Redding
- 26. Yes
- 27. Local registrar — signature: [signature]
- 28. MAY 13 1975

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)

	Cause	Approximate interval between onset and death
Immediate cause (A)	Cardio-Vascular Collapse	1 day
Due to, or as a consequence of (B)	Abdominal Carcinomatosis	10 mo.
Due to, or as a consequence of (C)	Carcinoma of the Colon (By History)	6 yrs.

Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last

- 30. Part II. Other significant conditions:
- 31. Colectomy 1969
- 32a. No

INJURY INFORMATION

- 33. Specify accident, suicide or homicide:
- 34. Place of injury:
- 35. Injury at work:
- 36a. Date of injury:
- 36b. Hour:
- 37a. Place of injury (street and number or location and city or town):
- 37b.
- 38.
- 39.
- 40. Describe how injury occurred:

STATE REGISTRAR A. B. C. D. E. F.

CERTIFICATION STATEMENT

This is to certify, that the above is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

DATED: MAY 13 1975

[signature]
Local Registrar of Vital Statistics
Shasta County Health Department
Redding, Ca. 96001

Ret: William P. Brandsness
411 Pine St.
City 97601

RECEIVED JUL 10 1975
4:50 pm

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of WILLIAM P. BRANDSNESS ATTY

this 10th day of July A. D., 19 75 at 4:50 o'clock P M., and duly recorded in

Vol. M 75, of DEEDS on Page 7828.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00