RECEIVED JUL 23 1975 **3011**
3:10 pm

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

8009 Vol. M75 Page 8357
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

- 1a. NAME OF DECEASED—FIRST NAME: ANGELINA
- 1b. MIDDLE NAME: - - -
- 1c. LAST NAME: EQUIHUA
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: March 30, 1975
- 2b. HOUR: APPROX. 2:30 P.M.
- 3. SEX: Female
- 4. COLOR OR RACE: White
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
- 6. DATE OF BIRTH: Feb. 22, 1922
- 7. AGE (LAST BIRTHDAY): 53 YEARS
- IF UNDER 1 YEAR: MONTHS / DAYS
- IF UNDER 24 HOURS: HOURS / MINUTES
- 8. NAME AND BIRTHPLACE OF FATHER: Eusebio Alvarez - Mexico
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Guadalupe Somora - Mexico
- 10. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11. SOCIAL SECURITY NUMBER: 516 - 44 - 3720
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Gonzalo Equihua
- 14. LAST OCCUPATION: Store Owner
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 14
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Montana Market
- 17. KIND OF INDUSTRY OR BUSINESS: Grocery Store
- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY:
- 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): Sidewalk, front of 628 Crosby St.
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: San Diego
- 18e. COUNTY: San Diego
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 15 YEARS
- 18g. LENGTH OF STAY IN CALIFORNIA: 15 YEARS
- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 387 Date Street
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
- 19c. CITY OR TOWN: Chula Vista
- 19d. COUNTY: San Diego
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Gonzalo Equihua, 387 Date Street, Chula Vista, California 92011
- 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 AN Investigation (INVESTIGATION 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 (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: ROBERT L. CREASON, Coroner; [signature], Assistant Coroner
- 21d. DATE SIGNED: 3-31-75
- 21e. ADDRESS: 5555 Overland Avenue, San Diego, California
- 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: ---
- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: 4/2/75
- 23. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: R. C. Herman 4448
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Berge-Roberts Mortuary
- 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): - - -
- 27. LOCAL REGISTRAR—SIGNATURE: Donald G. Ramras M.D.
- 28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: APR 1975

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): Hemothorax, left
- DUE TO, OR AS A CONSEQUENCE OF (B): Lacerations, aorta, lung, left, pulmonary artery, left, and spinal cord
- DUE TO, OR AS A CONSEQUENCE OF (C): Gunshot wound, chest (back)

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(A):
- 31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY TYPE OF OPERATION AND/OR BIOPSY): No
- 32a. AUTOPSY (SPECIFY YES OR NO): Yes
- 32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): Yes
- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: Homicide
- 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, HIGHWAY, OFFICE BUILDING, ETC.): Grocery store
- 35. INJURY AT WORK (SPECIFY YES OR NO): Yes
- 36a. DATE OF INJURY—MONTH, DAY, YEAR: March 30, 1975
- 36b. HOUR: APPROX. 2:30 P.M.
- 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): 628 Crosby Street, San Diego
- 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): APPROX. 7 MILES
- 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO): Yes
- 39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO): Yes
- 40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29): .38 caliber revolver gunshot wound chest (back) by another person.

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

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

Donald G. Ramras, M.D., Acting Director
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HWY., SAN DIEGO, CA 92101

FEE PAID: $2.00
DATED: 3 APR 1975

Return to: Klamath County Title, 422 Main St., City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 23rd day of July A. D., 19 75 at 3:10 o'clock P.M., and duly recorded in

Vol. M 75, of DEEDS on Page 8357

FEE $ 3.00

By Hazel Drazil dep. WM. D. MILNE, County Clerk