THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN
THE SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA.
HEALTH OFFICER AND LOCAL REGISTRAR
DATE: NOV 28 1972

4291

Vol M 75 Page 10104

CERTIFICATE OF DEATH

(10103) 4800 1926

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

- 1a. NAME OF DECEASED—FIRST NAME: CLAUDE
- 1b. MIDDLE NAME: THOMAS
- 1c. LAST NAME: SHOUP
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: November 14, 1972
- 2b. HOUR: 7:25 a.m.
- 3. SEX: Male
- 4. COLOR OR RACE: Caucasian
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
- 6. DATE OF BIRTH: April 12-1920
- 7. AGE (LAST BIRTHDAY): 52 YEARS
- 8. NAME AND BIRTHPLACE OF FATHER: Unknown, Iowa
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unknown, Iowa
- 10. CITIZEN OF WHAT COUNTRY: USA
- 11. SOCIAL SECURITY NUMBER: 480-16-0966
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ethel Roberts
- 14. LAST OCCUPATION: US Postal Clerk
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 1 1/2
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM: US Postal Service
- 17. KIND OF INDUSTRY OR BUSINESS: US Government
- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: David Grant USAF Medical Center
- 18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): Travis Air Force Base
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: Fairfield
- 18e. COUNTY: Solano
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 3 1/2 months
- 18g. LENGTH OF STAY IN CALIFORNIA: 3 1/2 months YEARS
- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1629 Avalon St
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: Klamath Falls
- 19d. COUNTY: Klamath
- 19e. STATE: Oregon
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Ethel Shoup, same as #19A
- 21a. CORONER / 21b. PHYSICIAN: From 7-26-72 To 11-14-72, 11-14-72
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: [signature] MD
- 21d. DATE SIGNED: November 14, 1972
- 21e. ADDRESS: David Grant USAF Med Ctr
- 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: None
- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: 11/17/72
- 23. NAME OF CEMETERY OR CREMATORY: Eternal Hills Memorial Garden
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED)—LICENSE NUMBER: [signature] 4445
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): O'Hair's Funeral Home
- 26. (IF DEATH REPORTED TO CORONER, SPECIFY YES OR NO):
- 27. LOCAL REGISTRAR—SIGNATURE: [signature] M.D.
- 28. DATE ACCEPTED FOR REGISTRATION: NOV 17 1972
- 29. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C):
  - (A) IMMEDIATE CAUSE: Cardiorespiratory failure
  - (B) DUE TO OR AS A CONSEQUENCE OF: Massive upper gastro-intestinal hemorrhage
  - (C) DUE TO OR AS A CONSEQUENCE OF: Adeno-carcinoma of the bile duct
- 30. PART II. OTHER SIGNIFICANT CONDITIONS:
- 31. / 32a. AUTOPSY: Yes
- 32b.
- 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: A / B / C / D / F

RECEIVED AUG 28 1975 2:10 pm

Ret. D. L. Hoots
2241 - So 6th
City

REV 1-1-68 FORM VS-11

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of D L HOOTS ATTY

this 28th day of AUGUST A. D., 19 75 at 2;10 o'clock P M., and duly recorded in

Vol. M 75, of DEEDS on Page 10104

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy