'75 OCT 29 PM 12 10 Vol. M 75 Page 13531

6650

CERTIFICATE OF DEATH

0497

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
Newton	Virgil	Minton	April 27, 1974	9:00 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	White	Idaho	Sept. 13, 1912	61 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Robert S. Minton - Missouri	Dora B. Pullen - Nebraska

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)
US.A.	533-09-9264	Married	Fay Browning

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
Lumber Grader	13	Louisiana Pacific	Lumber

PLACE OF DEATH

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)
D.O.A. Medical Center Hospital	2767 Olive Hwy,	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Oroville	Butte	13 YEARS	13 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
245 Fairhill Dr.	No	Fay Minton 245 Fairhill Dr. Oroville, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Oroville	Butte	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE 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	21c. SIGNATURE OF CORONER—SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
Investigation (INVESTIGATION OR INQUEST)	FROM (ENTER MONTH DAY YEAR) TO (ENTER MONTH DAY YEAR) AND (I LAST SAW THE DECEASED ALIVE ON THE (ENTER MONTH DAY YEAR))	Ronny Giccich	4/30/74
		21e. ADDRESS: Butte County Sheriff Off.	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

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	May 2, 1974	Klamath Falls Mem. Cem.	William K. Lawrence/1919

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 ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Scheer Memorial Chapel		R.F. Ellinghusen M.D.	APR 30 1974

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.

		MINUTES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Coronary Insufficiency		
(B) DUE TO, OR AS A CONSEQUENCE OF	Coronary arteriosclerosis, moderate	YEARS	
(C) DUE TO, OR AS A CONSEQUENCE OF			

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

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)
	Yes	Yes

INJURY INFORMATION

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)	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)

STATE | A | B | C | D | E | F

MEDICAL AND HEALTH DATA

CERTIFICATION STATEMENT

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

R.F. Ellinghusen M.D.
SIGNATURE OF CERTIFYING OFFICIAL

REGISTRAR OF VITAL STATISTICS
OFFICIAL TITLE

BUTTE CO. HEALTH DEPT.
OROVILLE, CALIFORNIA
PLACE OF CERTIFICATION

OCT 8 1975
DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

6-1-50
FORM VS-199

Ret: Mrs. N. V. Minton
9464 Blackwell Rd.,
Central Point, Oregon 97501

STATE OF OREGON,
County of Klamath

Filed for record at request of

FAY MINTON

on this 29th day of OCTOBER A.D. 1975

at 12;16 o'clock P M., and duly recorded in Vol. M 75 of DEEDS

Page 13531

Wm D. MILNE, County Clerk

By Hazel Drazil Deputy

Fee $3.00