24182

CERTIFICATE OF DEATH

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

STATE FILE NUMBER

Vol. M 77 P500 Ex

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

750

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Leland	Elbert	Mayfield	January 7, 1977	9:40 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	Cauc.	Oregon	Aug. 24, 1916	60 YEARS		

8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
David Mayfield	Washington	Mary Martin	Washington

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)
U.S.A.	543-10-3803	Married	Marian Harty

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
Fireman	25	Klamath Falls Fire Dept.	Fireman

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)
Tehachapi Community Hospital	115 West E. Street	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Tehachapi	Kern	2 days XXXX	2 days XXs

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
731 Division St.	Yes	Marian Mayfield 731 Division St. Klamath Falls, Oregon 97601

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Klamath Falls	Klamath	Oregon

21a. CORONER: I HEREBY CERTIFY THAT I HAVE HELD AN INQUEST AND FIND THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW 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 AND TITLE	21d. DATE SIGNED
"Investigation" (INVESTIGATION OR INQUEST)	FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND (LAST SAW THE DECEASED ALIVE) (ENTER MONTH, DAY, YEAR)	Richard P. Gervais, Coroner ▶ Marion F. Cardoso, Dep.	Jan. 10, 1977
			21e. ADDRESS		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
			Bakersfield, California		

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE	BODY EMBALMED? LICENSE NUMBER
Burial	1-12-77	Mt. Calvary Cemetery	John W. Sams	4440

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'S SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
J. W. Sams & Sons Mortuary	Yes	▶ Leon M. Rebertson, M.D.	JAN 10 1977

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.

IMMEDIATE CAUSE
(A) Acute cardiac insufficiency
DUE TO, OR AS A CONSEQUENCE OF
(B) Hypertensive occlusive atherosclerotic coronary disease
DUE TO, OR AS A CONSEQUENCE OF
(C) Generalized arteriosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.	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)
	No	Yes	Yes

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	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	Ref: Marion Mayfield	

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

731 Division

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

ISSUED BY
KERN COUNTY HEALTH DEPARTMENT

LEON M REBERTSON, M.D.
Local Registrar of Vital Statistics
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93302

JAN 10 1977 PM 2 25

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DOCUMENT ON FILE IN THIS OFFICE

JAN 14 1977

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of January A.D., 19 77 at 2:25 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 750.

FEE $ 3.00

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