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Vol. M 77 Page 3560

CERTIFICATE OF DEATH

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

Local Registration District and Certificate Number: 2400 306

DECEDENT PERSONAL DATA

1a. Name of deceased—first name: Earl	1b. Middle name: Jay	1c. Last name: Hall	2a. Date of death: May 2, 1976	2b. Hour: 9:17 p.m.
3. Sex: Male	4. Color or race: White	5. Birthplace: Idaho	6. Date of birth: June 6, 1916	7. Age: 59 years
8. Name and birthplace of father: Horace Ray Hall - Utah		9. Maiden name and birthplace of mother: La Rilla Lee - Utah		
10. Citizen of what country: U.S.A.	11. Social security number: 519-44-6163 A	12. Married, never married, widowed, divorced: Married	13. Name of surviving spouse: Jessie Peters	
14. Last occupation: M/Sgt. (retired)	15. Number of years in this occupation: 23	16. Name of last employing company or firm: U. S. Government	17. Kind of industry or business: Defense	

PLACE OF DEATH

18a. Place of death: Merced Community Medical Center	18b. Street address: 290 East 15th Street			18c. Inside city corporate limits: Yes
18d. City or town: Merced	18e. County: Merced	18f. Length of stay in county of death: 10 years	18g. Length of stay in California: 20 years	

USUAL RESIDENCE

19a. Usual residence: 5540 West Fleming Road	19b. Inside city corporate limits: No	20. Name and mailing address of informant: Mrs. Jessie A. Hall, 5540 West Fleming Road, Atwater, California 95301
19c. City or town: Atwater	19d. County: Merced	19e. State: California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. Coroner: Investigation	21b. Physician	21c. Physician or coroner: [signature] Kenneth A. Riggs	21d. Date signed: 5/4/76
		21e. Address: 510 W. 19th St., Merced, CA	21f. Title: Coroner

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Specify burial, entombment or cremation: Burial	22b. Date: 5/5/76	23. Name of cemetery or crematory: Winton District Cemetery	24. Embalmer signature: [signature] License number: 5776
25. Name of funeral director: Ivers & Alcorn Funeral Homes	26. -	27. Local registrar: L. Rex Ehling M.D.	28. 5-4-76

CAUSE OF DEATH

29. Part I. Death was caused by:

(A) Immediate cause: Probable acute cardiac arrhythmia, of the left ventricle.

(B) Due to or as a consequence of: Very severe arteriosclerotic heart disease & aneurysm formation

(C) Due to or as a consequence of: Poorly differentiated large cell carcinoma, left lung.

30. Part II. Other significant conditions: — | 31. — | 32a. Autopsy: Yes | 32b. Autopsy findings used: Yes

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 | 37b. | 38. | 39.

40. Describe how injury occurred

STATE REGISTRAR

A	B	C	D	E	F

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

Dated 11-19-76

L. Rex Ehling, M.D.
Health Officer

By: Natalie A Pohiman
Deputy Registrar

Ret: Jessie A Hall
3303 Sutter Ct
Merced, California 95340

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of MARCH A.D., 19 77 at 11;22 o'clock A M., and duly recorded in Vol M 77 of DEEDS on Page 3560

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00