T/A 38-12898-M

32614

Vol. M 77 Page 12641

COUNTY OF ORANGE
HEALTH DEPARTMENT
Santa Ana, California

☑ FEE: $2.00
☐ NO FEE GOVERNMENT PURPOSES

This is to certify, if impressed with the seal of the Orange County Health Officer, that this is a true copy of the permanent record filed in this office.

John R. Philp [signature]
JOHN R. PHILP, M. D.
Health Officer and Local Registrar of Births and Deaths of Orange County

DATE: JUN 11 1975

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

3000 02860
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

Item	Entry
1a. Name of deceased—first name	AVIS
1b. Middle name	CELESTIA
1c. Last name	CARSON
2a. Date of death	APRIL 12, 1975
2b. Hour	4:10 A.M.
3. Sex	FEMALE
4. Color or race	CAUC.
5. Birthplace	MONTANA
6. Date of birth	JULY 2, 1914
7. Age	60 YEARS
8. Name and birthplace of father	CHRIS RANDRUP - NORWAY
9. Maiden name and birthplace of mother	CAROL CELESTIA VIGER - CANADA
10. Citizen of what country	U.S.A.
11. Social security number	574-03-2550
12. Married, never married, widowed, divorced	MARRIED
13. Name of surviving spouse	GEORGE J. CARSON
14. Last occupation	HOUSEWIFE
15. Number of years in this occupation	32
16. Name of last employing company or firm	SELF-EMPLOYED
17. Kind of industry or business	HOMEMAKER
18a. Place of death—name of hospital	ST. JOSEPH HOSPITAL
18b. Street address	1100 STEWART DRIVE
18c. Inside city corporate limits	YES
18d. City or town	ORANGE
18e. County	ORANGE
18f. Length of stay in county of death	23 YEARS
18g. Length of stay in California	23 YEARS
19a. Usual residence—street address	409 W. STEVENS AVE. #A
19b. Inside city corporate limits	YES
19c. City or town	SANTA ANA
19d. County	ORANGE
19e. State	CALIFORNIA
20. Name and mailing address of informant	MR. GEORGE J. CARSON, 409 W. STEVENS AVE. #A, SANTA ANA, CA. 92707
21a. Coroner	
21b. Physician — from / to / and last saw	9-20-74 / 4-12-75 / 4-12-75
21c. Physician or coroner—signature	[signature]
21d. Date signed	4-14-75
21e. Address	Suite 105, 18102 Irvine Blvd. Tustin
21f. Physician's California license number	G15113
22a. Specify burial, entombment or cremation	BURIAL
22b. Date	4/15/75
23. Name of cemetery or crematory	GOOD SHEPHERD CEMETERY
24. Embalmer—signature / license number	[signature] 5018
25. Name of funeral director	DILDAY BROTHERS MORTUARY
26. If not certified by coroner, was this death reported to coroner	NO
27. Local registrar—signature	John R. Philp, M.D. [signature]
28. Date accepted for registration	4-15-75

29 PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, and C)

	Cause	Approximate interval between onset and death
(A) Immediate cause	Liver metastases	5 mo
(B) Due to or as a consequence of	Carcinoma of colon	1 yr
(C) Due to or as a consequence of		

30 PART II. OTHER SIGNIFICANT CONDITIONS—

31. 32a. NO

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

A	B	C	D	E	F

'77 JUL 18 AM 11 40

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO

this 18th day of JULY A. D. 1977 at 11;40 o'clock A.M., and

duly recorded in Vol. M 77, of DEEDS on Page 12641

Wm D. MILNE, County Clerk

FEE $ 3.00 By Pat McCullough

Return to Transamerica

Th...
prop...
If co...
consist...
conside...
WARRANTY...
WILS...
BIRCH...
HOUSTO...
After Recording Return...
Taxes to: Mr. Joh...
P.O. Box...
Chilo...