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CERTIFICATE OF DEATH 4500 350

STATE FILE NUMBER — STATE OF CALIFORNIA – DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a NAME OF DECEASED – FIRST NAME: Joseph
1b MIDDLE NAME: Arthur
1c LAST NAME: Bellavance
2a DATE OF DEATH (MONTH DAY YEAR): June 24, 1968
2b HOUR: 11:30 A.M.
3 SEX: Male
4 COLOR OR RACE: Caucasian
5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Hampshire
6 DATE OF BIRTH: October 14, 1896
7 AGE (LAST BIRTHDAY): 71 YEARS
IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HOURS: HOURS MINUTES
8 NAME AND BIRTHPLACE OF FATHER: Israel Bellavance-Canada
9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unknown
10 CITIZEN OF WHAT COUNTRY: USA
11 SOCIAL SECURITY NUMBER: 542 10 4649
12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13 NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME): Lee Bellavance - Broadney
14 LAST OCCUPATION: Hotel & Restaurant Owner
15 NUMBER OF YEARS IN THIS OCCUPATION: 14
16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Self-employed
17 KIND OF INDUSTRY OR BUSINESS: Hotel & Restaurant

PLACE OF DEATH

18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY: At Home
18b STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 4196 St. Patrick Ave.
18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
18d CITY OR TOWN: Redding
18e COUNTY: Shasta
18f LENGTH OF STAY IN COUNTY OF DEATH: 8 YEARS
18g LENGTH OF STAY IN CALIFORNIA: 8 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4196 St. Patrick Ave.
19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
19c CITY OR TOWN: Redding
19d COUNTY: Shasta
19e STATE: California
20 NAME AND MAILING ADDRESS OF INFORMANT: Lee Bellavance, 4196 St. Patrick Ave., Redding, California

PHYSICIAN S OR CORONER'S CERTIFICATION

21a CORONER — I HEREBY CERTIFY 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 — SIGNATURE AND TITLE OF CORONER
21b PHYSICIAN — I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW
FROM (ENTER MONTH DAY YEAR): 9-22-67 — TO (ENTER MONTH DAY YEAR): 6-24-68 — AND LAST SAW THE PATIENT ALIVE ON (MONTH DAY YEAR): 6-23-68
21c PHYSICIAN OR CORONER — SIGNATURE AND TITLE OF CORONER: B B Hurst M.D.
21d DATE SIGNED: June 25 1968
21e ADDRESS: 2675 Gold Hagfedry, H.D.
21f LICENSE NUMBER: A-17259

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b DATE: June 28,1968
23 NAME OF CEMETERY OR CREMATORY: Riverside Cemetery, Orofino, Idaho
24 EMBALMER'S SIGNATURE (IF NOT EMBALMED, LICENSE NUMBER): Robert L. Hesse 1713
25 NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Hesse's Funeral Chapel
26 DO YOU CERTIFY THAT DEATH WAS DUE TO A REPORTABLE DISEASE (SPECIFY YES OR NO): No
27 LOCAL REGISTRAR SIGNATURE: B B Hurst M.D.
28 DATE LOCAL REGISTRAR FILED: JUN 25 1968

CAUSE OF DEATH

29 PART I DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C
IMMEDIATE CAUSE (A): Hypostatic pneumonia and tuberculosis — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 2 mos
DUE TO, OR AS A CONSEQUENCE OF (B): Cachexia — 6 mos
DUE TO, OR AS A CONSEQUENCE OF (C): Carcinoma of pancreas — 9 mos
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
30 PART II OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
31 WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No
32a AUTOPSY (SPECIFY YES OR NO): No
32b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): No

INJURY INFORMATION

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
37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (SPECIFY MILES)
38 WERE LABORATORY TESTS DONE FOR ANY OF THE TOXIC CHEMICALS (SPECIFY YES OR NO)
39 WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)
40 DESCRIBE HOW INJURY OCCURRED (ENTER NEGLIGENCE OR EVENTS WHICH RESULTED IN INJURY. NATURE OF WORK SHOULD BE ENTERED IN ITEM 33)

STATE REGISTRAR

A | B | C | D | E | F

Rt. Lee Bellavance
136 Mill Cr. Dr.
Prospect, Or.

REV. 11-68 Form VS-11

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.

B B Hurst M.D. — HEALTH OFFICER SHASTA COUNTY
SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

SHASTA COUNTY DEPT. OF PUBLIC HEALTH — JUL 23 1968
PLACE OF CERTIFICATION: 2650 Hospital Lane, Redding, California 96002 — DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
6-1-50
FORM VS-199

State of Oregon,
County of Klamath } ss,

I hereby certify that the within instrument was received and filed for record on the 19 day of July, 19 77, at 11:03 o'clock A M. and recorded on Page 12731 in Book M 77 Records of Deeds of said County.

WM. D. MILNE, County Clerk
By Pat McCullough Deputy

Fee $3.00

716 No.