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CERTIFICATE OF DEATH

Vol. M78 Page 4609
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STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
 OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEASED
 PERSONAL
 DATA

1. NAME OF DECEASED—FIRST NAME GLENN	2. MIDDLE NAME M.	3. LAST NAME WAYMAN	4. DATE OF DEATH—MONTH DAY YEAR April 24, 1976	5. HOUR 4:19 P.
6. SEX Male	7. COLOR OR RACE Caucasian	8. BIRTHPLACE Kansas	9. DATE OF BIRTH September 26, 1915	10. AGE 60 YEARS
11. NAME AND BIRTHPLACE OF FATHER Charles Wayman - Kentucky			12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Cordia Alice Borders - Kansas	
13. CITIZEN OF WHAT COUNTRY USA	14. SOCIAL SECURITY NUMBER 514-03-2306	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Anne Margaret Letz	
17. LAST OCCUPATION Ret. Quality Assur. 13	18. MONTH OF DEATH IN THIS OCCUPATION Abex	19. NAME OF LAST EMPLOYING COMPANY OR FIRM Abex	20. KIND OF INDUSTRY OR BUSINESS Parts Manufacturing	

PLACE
 OF
 DEATH

21. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY St. John's Hospital	22. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 333 No. "F" Street	23. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes
24. CITY OR TOWN Oxnard	25. COUNTY Ventura	26. LENGTH OF STAY IN COUNTY OF DEATH 20 YEARS 37 MONTHS

USUAL
 RESIDENCE
 OF DEATH—OCCURRED IN
 INSTITUTION, ENTER
 RESIDENCE BEFORE
 ADMISSION

27. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 516 No. "N" Street	28. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	29. NAME AND MAILING ADDRESS OF INFORMANT Anne M. Wayman 516 No. "N" Street Oxnard, California 93030
30. CITY OR TOWN Oxnard	31. COUNTY Ventura	32. STATE California

PHYSICIAN'S
 OR CORONER'S
 CERTIFICATION

33. CORONER, I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED ON THE REVERSE OF THIS CERTIFICATE AS REQUIRED BY LAW.	34. PHYSICIAN, I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED ON THE REVERSE OF THIS CERTIFICATE AS REQUIRED BY LAW.	35. PHYSICIAN OR CORONER'S SIGNATURE AND OFFICE <i>Robert E. Starr</i>	36. DATE SIGNED 4/24/76
37. ADDRESS 1200 N. Ventura Rd Oxnard, California	38. ADDRESS 1200 N. Ventura Rd Oxnard, California	39. ADDRESS 1200 N. Ventura Rd Oxnard, California	40. ADDRESS 1200 N. Ventura Rd Oxnard, California

FUNERAL
 DIRECTOR
 LOCAL
 REGISTRAR

41. SPECIFY BURIAL, ENTOMBMENT, OR CREMATION Cremation	42. DATE 4/27/76	43. NAME OF CEMETERY OR CREMATORY Ivy Lawn Crematory	44. LOCAL REGISTRAR—SIGNATURE <i>Robert E. Starr</i>	45. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR APR 27 1976
46. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Payton Mortuary	47. IF NOT CONTROLLED BY LOCAL HEALTH OFFICIAL, THIS CERTIFICATE MUST BE CONTROLLED BY LOCAL HEALTH OFFICIAL (SPECIFY YES OR NO) Yes	48. LOCAL REGISTRAR—SIGNATURE <i>Stephen A. Coray, M.D.</i>		

MEDICAL AND HEALTH DATA

CAUSE
 OF
 DEATH

49. PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Myocardial Infarction	50. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I	51. HAD OPERATIONS OR TREATMENT PERFORMED FOR ANY FUNCTION IN THE 30 DAYS PRECEDING DEATH (SPECIFY YES OR NO) No	52. HAD ANY PREVIOUS CAUSE OF DEATH (SPECIFY YES OR NO) No	53. HAD ANY PREVIOUS CAUSE OF DEATH (SPECIFY YES OR NO) No	54. HAD ANY PREVIOUS CAUSE OF DEATH (SPECIFY YES OR NO) No
55. CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST	56. DUE TO, OR AS A CONSEQUENCE OF (B)	57. DUE TO, OR AS A CONSEQUENCE OF (C)	58. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hr		

INJURY
 INFORMATION

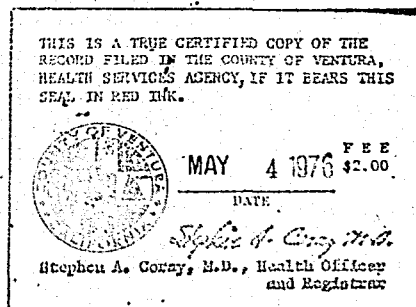
59. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	60. PLACE OF INJURY (SPECIFY HOME, FACTORY, OFFICE BUILDING, ETC.)	61. INJURY AT WORK (SPECIFY YES OR NO)	62. DATE OF INJURY—MONTH DAY YEAR	63. HOUR
64. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	65. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 27) MILES	66. WERE LABORATORY TESTS DONE FOR TOXICS OR DRUGS (SPECIFY YES OR NO)	67. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)	68. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)
69. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)				

STATE
 REGISTRAR

A	B	C	D	E	F
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Return to
 Anne M. Wayman
 516 North N. St.
 Oxnard California 93030

ck
 300
 k.o.



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 10th day of March A.D., 19 78 at 2:25 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 4609.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Demetria J. Leitch* Deputy