TR. 38-15385

50931

CERTIFICATE OF DEATH

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

'78 JUN 29 AM 10 39

8000, M78 Page 14021

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1a NAME OF DECEASED—FIRST NAME: Jack | 1b MIDDLE NAME: Ramsey | 1c LAST NAME: Parten

2a DATE OF DEATH (MONTH, DAY, YEAR): June 13, 1975 | 2b HOUR: 9:35 P

3 SEX: Male | 4 COLOR OR RACE: Caucasian | 5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri

6 DATE OF BIRTH: January 19, 1915 | 7 AGE (IN YEARS): 60 | IF UNDER 1 YEAR | IF UNDER 24 HOURS

8 NAME AND BIRTHPLACE OF FATHER: Robert A. Parten--Texas

9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Helen E. Ramsey--Arkansas

10 CITIZEN OF WHAT COUNTRY: U.S.A. | 11 SOCIAL SECURITY NUMBER: 526-10-0983

12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

13 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Evelyn M. Boone

14 KIND OF WORK DONE DURING MOST OF WORKING LIFE: Air Passanger and Freight Maintenance

15 LAST OCCUPATION: General Foreman | 15 NUMBER OF YEARS IN THIS OCCUPATION: 23

16 NAME OF LAST EMPLOYING COMPANY OR FIRM: Pacific South West Airline

17 WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: El Cajon Valley Hospital

18b STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1688 E. Main Street

18c CITY OR TOWN: El Cajon

18d COUNTY: San Diego

18e LENGTH OF STAY IN THIS PLACE OF DEATH: 25 YEARS

18f LENGTH OF STAY IN COUNTY: 25 YEARS

19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): Route #1 Box 137

19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No

20 NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Evelyn M. Parten, Route #1, Box 137, Campo, Ca 92006

19c CITY OR TOWN: Campo

19d COUNTY: San Diego

19e STATE: California

21a 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 AND THAT I LAST SAW DECEASED ALIVE ON THE DATE SPECIFIED): FROM 6-13-75 TO 6-13-75 AND (DATE) 6-13-75

21c PHYSICIAN OR CORONER: Harold Peterson | 21d DATE SIGNED: June 16, 1975

21e ADDRESS: Dr. H. Peterson, 6610 E.C. Byld. | 21f LICENSE NUMBER: A-09410

22a KIND OF BURIAL ENTOMBMENT OR CREMATION: Burial | 22b DATE: 6/16/75

23 NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24 EMBALMER (SIGNATURE AND LICENSE NUMBER): Thomas O. Peterson #3882 By Harold Peterson-in-Fact

25 NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Greenwood Mortuary

26 IF NOT CERTIFIED BY CORONER, ARE THE FACTS REPORTED TO CORONER? (SPECIFY YES OR NO): No

27 LOCAL REGISTRAR (SIGNATURE): Donald L. Ramos, M.D. F.P. | 28 DATE RECEIVED BY REGISTRAR: JUN 16 1975

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

(A) IMMEDIATE CAUSE: CEREBRAL INFRACTION DUE TO CEREBRAL VASCULAR ACCIDENT — 12hr.

(B) DUE TO OR AS A CONSEQUENCE OF: ASPIRATION PNEUMONIA — 12hr.

(C) DUE TO OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30 PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31 WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEMS 29 AND/OR 30? (SPECIFY YES OR NO): NO

32a WAS AUTOPSY PERFORMED? (SPECIFY YES OR NO): No

32b IF AUTOPSY, WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (SPECIFY YES OR NO): —

33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34 PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, PUBLIC HIGHWAY, STREET)

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): Return TA

37b INJURY OCCURRED IN OR ABOUT HOME, FARM, FACTORY OR OFFICE BUILDING (SPECIFY YES OR NO)

38 DID INJURY CONTRIBUTE TO DEATH? (SPECIFY YES OR NO)

39 WAS INJURY CONSIDERED TO BE ACCIDENTAL, SUICIDAL OR HOMICIDAL? (SPECIFY YES OR NO)

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

DATED: JUN 17 1975

FEE PAID: $2.00

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

Donald L. Ramos, M.D. F.P.
ACTING DIRECTOR
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HWY., SAN DIEGO, CA 92101

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of June A.D., 19 78 at 10:39 o'clock A M., and duly recorded in Vol. M78, of Deeds on Page 14021.

WM. D. MILNE, County Clerk

By Bernetha Odesch Deputy

FEE $3.00