

50365

Vol. M 78 Page 14073STATE OF CALIFORNIA } s.
COUNTY OF TEHAMA

I, Floyd A. Hicks, County Recorder of said County,
do hereby certify that the annexed is a whole, true
and correct copy of an original as will appear by
reference to Book 662 of -

CERTIFICATES OF DEATH

Page 662 now in my office, and that said copy
has been compared with the original and is a correct
copy therefrom.

Witness my hand and official seal this 25 day of

July 19 77
FLOYD A. HICKS, Recorder
In and for the County of Tehama, California
By Beverly Turner Deputy.

Return to
Bertha Saylor
1254 Park Ave
Red Bluff, Ca 96080

CERTIFICATE OF DEATH

STATE REG. NO.		STATE OF CALIFORNIA—DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
BOOK 1 PAGE 662 DECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME, MIDDLE NAME, LAST NAME	2. SEX	3. DATE OF BIRTH	4. DATE OF DEATH—month, day, year	5. TIME
	6. COLOR OR RACE	7. PLACE OF BIRTH	8. AGE	9. YEARS	10. MONTHS
	11. NAME AND BIRTHPLACE OF FATHER	12. NAME AND BIRTHPLACE OF MOTHER	13. NAME OF SURVIVING SPOUSE—if wife, enter maiden name	14. KIND OF INDUSTRY OR BUSINESS	
	15. CITIZEN OF WHAT COUNTRY	16. SOCIAL SECURITY NUMBER	17. NAME OF LAST EMPLOYER, COMPANY OR FIRM	18. KIND OF INDUSTRY OR BUSINESS	
PLACE OF DEATH	19. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	20. STREET ADDRESS—STREET AND NUMBER OR LOCATION	21. CITY OR TOWN	22. COUNTY	23. STATE
	24. USUAL RESIDENCE—STREET ADDRESS—STREET AND NUMBER OR LOCATION	25. CITY OR TOWN	26. COUNTY	27. STATE	
	28. USUAL RESIDENCE—STREET ADDRESS—STREET AND NUMBER OR LOCATION	29. CITY OR TOWN	30. COUNTY	31. STATE	
	32. USUAL RESIDENCE—STREET ADDRESS—STREET AND NUMBER OR LOCATION	33. CITY OR TOWN	34. COUNTY	35. STATE	
PHYSICIAN'S OR CORONER'S CERTIFICATION	36. CHIEF CAUSE OF DEATH	37. SECOND CAUSE OF DEATH	38. THIRD CAUSE OF DEATH	39. DATE SIGNED	
	40. CHIEF CAUSE OF DEATH	41. SECOND CAUSE OF DEATH	42. THIRD CAUSE OF DEATH	43. DATE SIGNED	
	44. CHIEF CAUSE OF DEATH	45. SECOND CAUSE OF DEATH	46. THIRD CAUSE OF DEATH	47. DATE SIGNED	
	48. CHIEF CAUSE OF DEATH	49. SECOND CAUSE OF DEATH	50. THIRD CAUSE OF DEATH	51. DATE SIGNED	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	52. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	53. NAME OF CEMETERY OR CREMATORIUM	54. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	55. NAME OF CEMETERY OR CREMATORIUM	56. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL
	57. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	58. NAME OF CEMETERY OR CREMATORIUM	59. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	60. NAME OF CEMETERY OR CREMATORIUM	61. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL
	62. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	63. NAME OF CEMETERY OR CREMATORIUM	64. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	65. NAME OF CEMETERY OR CREMATORIUM	66. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL
	67. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	68. NAME OF CEMETERY OR CREMATORIUM	69. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL	70. NAME OF CEMETERY OR CREMATORIUM	71. NAME OF FUNERAL HOME, CHURCH, OR OTHER PLACE OF BURIAL
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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 3:34 o'clock P M., and duly recorded in Vol. M78,
of Deeds on Page 14073.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha A. Kitch Deputy