60508

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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DECEDENT PERSONAL DATA

1A. Name of decedent—first: Billy
1B. Middle: Burl
1C. Last: Fletcher
2A. Date of death: October 14, 1978
3. Sex: Male
4. Race: White
5. Ethnicity: American
6. Date of birth: July 10, 1925
7. Age: 53
8. Birthplace of decedent: Texas
9. Name and birthplace of father: James T. Fletcher - Arkansas
10. Birth name and birthplace of mother: Ruby Thomas - Arkansas
11. Citizen of what country: U.S.A.
12. Social Security number: 460-24-7106
13. Marital status: Married
14. Name of surviving spouse: Joy King
15. Primary occupation: Engineer Technician
16. Number of years this occupation: 12
17. Employer: Pt. Hueneme Naval Base
18. Kind of industry or business: Government

USUAL RESIDENCE

19A. Usual residence—street address: 9114 North Ventura Avenue
19C. City or town: Ventura
19D. County: Ventura
19E. State: California

20. Name and address of informant—relationship: Mrs. Billy B. Fletcher (WIFE)
9114 North Ventura Avenue
Ventura, California

PLACE OF DEATH

21A. Place of death: Community Memorial Hospital
21B. County: Ventura
21C. Street address: 147 North Brent Street
21D. City or town: Ventura

CAUSE OF DEATH

22. Death was caused by: (Enter only one cause per line for A, B, and C)
Immediate cause (A): Severe atherosclerosis of the descending aorta with complications
Due to, or as a consequence of (B):
Due to, or as a consequence of (C):
24. Was death reported to coroner: Yes
25. Was biopsy performed: No
26. Was autopsy performed: Yes
23. Other conditions contributing but not related to the immediate cause of death: None
27. Was operation performed for any condition in items 22 or 23? Type of operation: Exploratory Laporotomy — Date: 10

PHYSICIAN'S CERTIFICATION

28A. I certify that death occurred at the hour, date and place stated from the causes stated. I attended decedent since: N/A — I last saw decedent alive: N/A
28B. Physician—signature and degree or title: N/A
28C. Date signed: N/A
28D. Physician's license: N/A
28E. Type physician's name and address: N/A

INJURY INFORMATION

29. Specify accident, suicide, etc.: N/A
30. Place of injury: N/A
31. Injury at work: N/A
32A. Date of injury: N/A
33. Location: N/A
34. Describe how injury occurred: N/A

CORONER'S USE ONLY

35A. I certify that death occurred at the hour, date and place stated from the causes stated as required by law I have held an (inquest-investigation): INVESTIGATION
35B. Coroner: Robert Kubie M.D. Medical Examiner-Coroner

36. Disposition: Burial
37. Date: 10/17/78
38. Name and address of cemetery or crematory: Ivy Lawn Cemetery, Ventura, California
39. Embalmer: 6298
40. Name of funeral director: TED MAYR FUNERAL CHAPEL
41. Local registrar—signature: Sarah L. Miller, M.D.
42. Date accepted: October 16, 19

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (5-78)

Csh 3.00

RETURN TO

MRS. JOY E. FLETCHER
9114 North Ventura Ave.
Ventura, Calif. 93001

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

OCT 19 1978
DATE
FEE $3.00

Sarah L. Miller, M.D., Health Officer and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of January A.D., 19 79 at 12:58 o'clock P M., and duly recorded in Vol. M 79 of DEEDS on Page 270.

FEE $3.00

WM. D. MILNE, County Clerk
By Jacqueline J. Metler Deputy