64919

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4500 521
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

**DECEDENT PERSONAL DATA**

| 1A. NAME OF DECEDENT—FIRST | 1B. MIDDLE | 1C. LAST | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | 2B. HOUR |
|---|---|---|---|---|
| MARIE | MAY | MITTS | July 21, 1978 | 1457 |

| 3. SEX | 4. RACE | 5. ETHNICITY | 6. DATE OF BIRTH | 7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HOURS: HOURS, MINUTES) |
|---|---|---|---|---|
| Female | White | American | September 13, 1924 | 53 |

| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | 9. NAME AND BIRTHPLACE OF FATHER | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER |
|---|---|---|
| Iowa | Earl H. Birge, Iowa | Bertha Kirkham, Iowa |

| 11. CITIZEN OF WHAT COUNTRY | 12. SOCIAL SECURITY NUMBER | 13. MARITAL STATUS | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) |
|---|---|---|---|
| USA | 564-28-5095 | Married | Kenneth Mitts |

| 15. PRIMARY OCCUPATION | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | 18. KIND OF INDUSTRY OR BUSINESS |
|---|---|---|---|
| Homemaker | -- | -- | -- |

**USUAL RESIDENCE**

| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 19B. | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP |
|---|---|---|
| 4439 Barry Drive | | Kenneth Mitts - Husband<br>4439 Barry Drive<br>Klamath Falls, Oregon |

| 19C. CITY OR TOWN | 19D. COUNTY | 19E. STATE |
|---|---|---|
| Klamath Falls | Klamath | Oregon |

**PLACE OF DEATH**

| 21A. PLACE OF DEATH | 21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) |
|---|---|
| Mercy Medical Center | Clairmont Heights |

| 21C. CITY OR TOWN | 21D. COUNTY |
|---|---|
| Redding | Shasta |

**CAUSE OF DEATH**

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Multiple traumatic injuries

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF — (B) Blunt force

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE OF OPERATION: No

**PHYSICIAN'S CERTIFICATION**

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.) / I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

**INJURY INFORMATION**

| 29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR |
|---|---|---|---|---|
| Accident | Private Road | No | July 21, 1978 | 1125 |

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): Angle Valley Rd, 300' E of US 97, Weed

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): Passenger motorcycle fell striking head on concre

**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—SIGNATURE AND DEGREE OR TITLE: Joseph W. Hobbs Coroner

35C. DATE SIGNED: 7-25-7

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

| 36. DISPOSITION | 37. DATE—MONTH, DAY, YEAR | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | 39. EMBALMER'S LICENSE NUMBER |
|---|---|---|---|
| Burial | July 24, 1978 | Lawncrest Memorial Park, Redding, Calif. | 5851 |

| 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 41. LOCAL REGISTRAR—SIGNATURE | 42. DATE ACCEPTED BY LOCAL REGISTRAR |
|---|---|---|
| McDonald's Chapel, Redding | Kathleen E. Carter Deputy Registrar | SEP 2 5 1978 |

**STATE REGISTRAR**

| A. | B. | C. | D. | E. | F. |
|---|---|---|---|---|---|
| | | | | | |

VS-1: 11-78)

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## CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

DATED: SEP 19 1978

Kathleen E. Carter
Deputy Registrar of Vital Statistics
Shasta County Health Department
2650 Hospital Lane
Redding, Ca. 96001

Return
Diaconeme, Jones & Zamsky
635 Main
Klamath Falls Or

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 April A.D., 19 79 at 9:39 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 7231.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha Aldrich Deputy