77594

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M79 Page 27963

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
CHARLES	ORVES	BARTLETT	NOVEMBER 19, 1979	0925

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
MALE	WHITE	AMERICAN	MARCH 15, 1914	65 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
WYOMING	CLARENCE S. BARTLETT - Penn.	CARRIE B. BARNUM - UTAH

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	556-26-5574	MARRIED	DULCE CHEETHAM

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
SENIOR INVESTIGATOR	15	STATE OF CALIFORNIA	STATE GOV'T

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
5910 SHASTA WAY		KLAMATH FALLS

19D. COUNTY	19E. STATE
KLAMATH	OREGON

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
LITTLE COM OF MARY HOSPITAL	LOS ANGELES
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
4101 TORRANCE BLVD.	TORRANCE

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

MRS. DULCE BARTLETT - WIFE
5910 SHASTA WAY
KLAMATH FALLS, OREGON
97601 ✓

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) CARDIOPULMONARY ARREST

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
(B) DUE TO, OR AS A CONSEQUENCE OF: RADIATION / CHEMOTHERAPY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS
(C) DUE TO, OR AS A CONSEQUENCE OF: SQUOMOUS CARCINOMA, LEFT LUNG — 5 MONTHS

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	No	No

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: LUNG BRONCHOSCOPY — DATE: JULY 27, 1979

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
0925, 19 NOV 79	15 NOV 79	Stanley O'Dell MD	19 Nov 79	C36780

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: STANLEY O'DELL, RADIATION ONCOLOGY SERVICE TRAVIS AFB, Ca

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
BURIAL	11-21-79	RIVERSIDE NAT'L CEMETERY Riverside Calif.	#5229 David Rice

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	ACCEPTED BY LOCAL REGISTRAR
Rice Mortuary-Torrance	Robert Wolcott Jr	NOV 20 1979

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-78)

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 December A.D., 19 79 at 1:26 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 27963.

FEE $3.50

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