83010

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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5556 67

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Marion	Ross	Rupert

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Male	White	German	Oct. 02, 1897

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
April 03, 1980	Before 2400	82 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Illinois	William J. Rupert / PA	Elcy E. Hicks / PA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U. S. A.	560-50-3069	Married	Mary Lou Pensa

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Bookeeper	30	Marle Woodley	Hardware

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
11408 Jackson St.		Columbia

19D. COUNTY	19E. STATE
Tuolumne	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Tuolumne

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
11408 Jackson St.	Columbia

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Mary Lou Rupert - Wife
11408 Jackson St. Box 82
Columbia, California 95310

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Acute Cardiac Failure

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

DUE TO, OR AS A CONSEQUENCE OF — (B) Massive Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF — (C) Advanced Arteriosclerotic Heart Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
Emphysema

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

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

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'S 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

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 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 TITLE
Jerry Moore #67 Deputy Sheriff-Coroner

35C. DATE SIGNED
4-4-80

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER LICENSE NUMBER AND SIGNATURE
Burial	04/08/1980	Malin Community Cem, Malin, Oregon	6430 John W. Moore

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Davenport Chapel	Albert H. Ilwelli	APR 4 1980

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of April A.D., 19 80 at 2:28 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 6712.

WM. D. MILNE, County Clerk
By Demetra J. Leland Deputy

FEE $3.50

'80 APR 9 PM 2 28

I CERTIFY THIS TO BE A TRUE COPY OF THE RECORD IN THIS OFFICE.
ATTEST: APR 4 1980
Albert H. Ilwelli
TUOLUMNE COUNTY, CALIFORNIA ..... COUNTY RECORDER