

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE BY: Bernice Vaughn DEPUTY REGISTRAR OF VITAL STATISTICS SANTA CLARA COUNTY HEALTH DEPARTMENT SAN JOSE, CALIFORNIA 95128

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. 80 Page 10239

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Walter		Clay		VAUGHN		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR	
Male		Cau				October 21, 1917		61		YEARS MONTHS DAYS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
Missouri		Ira Vaughn - Missouri		Jewel Coons - Missouri		USA		511 09 9959		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF EMPLOYED, SO STATE)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
Salesman		21		Self-employed		Beverly Nelson		Sporting goods store		Burney	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH		22. CITY OR TOWN	
1713 Main St.		Shasta		CA		Mrs. Beverly Vaughn		VA MEDICAL CENTER		1713 Main St.	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS BICPLY PERFORMED?	
3801 Miranda Ave.		Santa Clara		Palo Alto		(A) METASTATIC CARCINOMA OF THE BLADDER		3 months		YES	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(B) DUE TO, OR AS A CONSEQUENCE OF		(C) DUE TO, OR AS A CONSEQUENCE OF		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		EXPLORATORY LAPAROSCOPY		DATE 9/1/78	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
VA ATTENDED DECEDENT SINCE VA LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)		David L. Lark M.D.		4/13/79		G30419		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR	
1/3/79		4/12/79		David L. Lark, M.D., 3801 Miranda Ave., Palo Alto, CA		32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
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)		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	
Cremation		Apr. 17, 1979		Redding Cemetery Crematory, Redding, Calif.		39. EXEMPTED'S LICENSE NUMBER AND SIGNATURE		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
McDonald's Chapel, Burney, Calif.		42. DATE ACCEPTED BY LOCAL REGISTRAR		APR 17 1979		43. STATE REGISTRAR		A.		B.	
								C.		D.	
								E.		F.	

Return to:
Hernandez & McCraw
ATTORNEYS AT LAW
2147 COURT STREET
P.O. BOX 598
REDDING, CALIFORNIA 96099

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Hernandez & McCraw
this 5th day of June A. D. 19 80 at 1:16 o'clock P. M., on
July recorded in Vol. M80, of Deeds on Page 10239
Wm D. MILNE, County Clerk
By Bernice Vaughn
Fee \$3.50

ck
3300