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Vol. M80 Page 12952

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 2300-075
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
JILES	WILLIAM	ALDRIDGE	February 8, 1978	1932

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)
Male	White	American	June 23, 1916	61

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Oklahoma	Benjamin Harrison Aldridge - Oklahoma	Ophellia Tolbert - Okla.

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.	447-10-6281	Married	Dorothy Morrow

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Inspector	24	U. S. Government	Naval Shipyard

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
13000 Holland		Dorothy M. Aldridge - wife P.O. Box 418 Laytonville, Calif. 95454

19C. CITY OR TOWN	19D. COUNTY	19E. STATE
Laytonville	Mendocino	Calif.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
DOA - Frank R. Howard Memorial Hospital	Madrone and Manzanita Streets

21C. CITY OR TOWN	21D. COUNTY
Willits	Mendocino

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Congestive heart failure

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

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

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? OPERATION: no 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—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 DEGREE OR TITLE: By Deputy: Thomas W. Jondahl, Cor.

35C. DATE SIGNED: 2-9-78

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	2-11-78	Laytonville Cemetery, Laytonville, Calif.	4439

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Anker-Lucier Mortuary	[signature] M.D.	FEB 15 1978

STATE REGISTRAR

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

VS-11 (7-75)

DATES OF AMENDMENTS, IF ANY

CERTIFICATION STATEMENT

This is to certify that the foregoing is a true and correct copy of statements appearing on the record of death of the above named decedent as filed in this office.

SIGNATURE OF CERTIFYING OFFICIAL: [signature] M.D., MPH

OFFICIAL TITLE: Health Officer

PLACE OF CERTIFICATION: Mendocino County Health Dept

DATE OF CERTIFICATION: FEB 15 1978

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

(REV. 1-1-58)
FORM R & S-196

67476 12-57 10M SPO

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of July A.D., 19 80 at 10:28 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 12952.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Shelock Deputy

ck 3.50