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8000

98361 CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

Field	Entry
STATE FILE NUMBER	
1A. NAME OF DECEDENT—FIRST	James
1B. MIDDLE	Willard
1C. LAST	Bailey
2A. DATE OF DEATH (MONTH, DAY, YEAR)	September 5, 1980
2B. HOUR	1425
3. SEX	Male
4. RACE	White
5. ETHNICITY	-
6. DATE OF BIRTH	November 23,1917
7. AGE	62
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	Kansas
9. NAME AND BIRTHPLACE OF FATHER	James E. Bailey - Missouri
10. NAME AND BIRTHPLACE OF MOTHER	Lizzie Rose - Missouri
11. CITIZEN OF WHAT COUNTRY	U.S.A.
12. SOCIAL SECURITY NUMBER	556-05-9723
13. MARITAL STATUS	Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	Violet L. McIntee
15. PRIMARY OCCUPATION	Ins. Engineer
16. NUMBER OF YEARS THIS OCCUPATION	5
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	Inland Insurance
18. KIND OF INDUSTRY OR BUSINESS	Insurance
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	155-93 S. Las Flores Dr.
19B.	
19C. CITY OR TOWN	Vista
19D. COUNTY	San Diego
19E. STATE	California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	Violet L. Bailey - Wife, 155-93 S. Las Flores Dr., Vista, California
21A. PLACE OF DEATH	El Cajon Valley Hospital
21B. COUNTY	San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1688 E. Main Street
21D. CITY OR TOWN	El Cajon

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

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (A)	Aneurysm, myocardium, ventricular, anterior	
DUE TO, OR AS A CONSEQUENCE OF (B)	Atherosclerosis, coronary, severe	
DUE TO, OR AS A CONSEQUENCE OF (C)		

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

Field	Entry
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
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? TYPE OF OPERATION / DATE	No
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	
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)	
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	David J. Stark (signature); DAVID J. STARK, Coroner
35C. DATE SIGNED	9-6-80
36. DISPOSITION	Cremation
37. DATE—MONTH, DAY, YEAR	9-9-1980
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	Eternal Hills Cemetery,Oceanside,Ca.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	Not Embalmed
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Allen Brothers Mortuary
41. LOCAL REGISTRAR—SIGNATURE	Donald G. Ramras, M.D. (signature)
42. DATE ACCEPTED BY LOCAL REGISTRAR	SEP 8 1980

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

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED IN THIS OFFICE.

SAN DIEGO DEPARTMENT OF HEALTH SERVICES, 1700 PACIFIC HWY, SAN DIEGO, CA 92101

Donald G. Ramras, M.D. (signature), HEALTH OFFICER

DATED: SEP 9 1980

FEE PAID: $3.00

3.50 ck

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 April A.D., 1981 at 2:04 o'clock P M., and duly recorded in Vol M81 of Deeds on Page 6684.

EVELYN BIEHN
COUNTY CLERK

By (signature) deputy

Fee $ 3.50