98525

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4200
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. Name of Decedent—First	MELVIN
1B. Middle	LeROY
1C. Last	McCLURE
2A. Date of Death (Month, Day, Year)	January 8, 1981
2B. Hour	0138
3. Sex	Male
4. Race	White
5. Ethnicity	American
6. Date of Birth	October 9, 1914
7. Age	66 Years
8. Birthplace of Decedent (State or Foreign Country)	OK
9. Name and Birthplace of Father	Thomas M. McClure-IA
10. Birth Name and Birthplace of Mother	Floye Nelson-KS
11. Citizen of What Country	U.S.A.
12. Social Security Number	541-12-2303
13. Marital Status	Married
14. Name of Surviving Spouse (If Wife, Enter Birth Name)	Jane F. Allan
15. Primary Occupation	Laborer
16. Number of Years This Occupation	30
17. Employer (If Self Employed, So State)	Haskell Construction Co.
18. Kind of Industry or Business	Construction

USUAL RESIDENCE

Field	Entry
19A. Usual Residence—Street Address (Street and Number or Location)	610 East Pine Avenue, #92
19B.	27.06
19C. City or Town	Lompoc
19D. County	Santa Barbara
19E. State	California
20. Name and Address of Informant—Relationship	Jane F. McClure-Wife, 610 East Pine Avenue, #92, Lompoc, California 93436

PLACE OF DEATH

Field	Entry
21A. Place of Death	Lompoc District Hospital
21B. County	Santa Barbara
21C. Street Address (Street and Number or Location)	508 East Hickory Avenue
21D. City or Town	Lompoc

CAUSE OF DEATH

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)	Arteriosclerotic Cardiovascular Disease	Yrs.
Due to, or as a consequence of (B)		
Due to, or as a consequence of (C)		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

24. Was death reported to coroner? Yes
25. Was biopsy performed? No
26. Was autopsy performed? No
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? Type of operation: Date: No

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: John A. Carpenter-Coroner By Jack L. Ellen 482 Deputy
35C. Date signed: 1-8-81

Field	Entry
36. Disposition	Cremation
37. Date—Month, Day, Year	1/10/81
38. Name and Address of Cemetery or Crematory	Chapel Of The Rose Crematory Then Scatter At Sea
39. Embalmer's License Number and Signature	5279 Paul A. Lind
40. Name of Funeral Director (or Person Acting as Such)	Starbuck-Lind Mortuary
41. Local Registrar—Signature	Lawrance Ackerman MD
42. Date Accepted by Local Registrar	Jan. 9, 1981

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

VS-11 (10-78)

Return: James Houseman
308 North 'N' 31
Lompoc, Ca. 93436

SANTA BARBARA COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the certificate on file in this office
FEE $3.00
JAN 9 1981
Lawrance Ackerman MD

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of ____________

this 17th day of April A. D. 1981 at 1:29 o'clock P M., and duly recorded in Vol. M81, of Deeds on Page 6969.

EVELYN BIEHN, County Clerk
By Debra A. Janzen

Fee $3.50