CERTIFICATE OF DEATH

STATE OF CALIFORNIA — Vol M81 Page 7119 — 4400 - 247

98642 — STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JEWEL	E	REID	FEBRUARY 23, 1978	1230

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)
FEMALE	CAUCASIAN	----------	FEBRUARY 10, 1913	65

PERSONAL DATA

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CALIFORNIA	ELMOUR CARR-	LENA ANDERSEN - NEVADA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	551-46-9207	MARRIED	HERBERT REID

15. USUAL OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
HOUSE WIFE	ADULT LIFE	SELF	HOME MAKING

RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
606 MIRAMAR DRIVE		HERBERT REID (HUSBAND) 606 MIRAMAR DRIVE SANTA CRUZ, CALIFORNIA

19C. CITY OR TOWN	19D. COUNTY	19E. STATE
SANTA CRUZ	SANTA CRUZ	CALIF

PLACE OF DEATH

21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
HARMONY HOUSE	16 WESTWOOD ROAD

21C. CITY OR TOWN	21D. COUNTY
SANTA CRUZ	SANTA CRUZ

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) CARCINOMATOSIS

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATE THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF
(B) CARCINOMA OF LARYNX
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: A / A / A

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? 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—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

32. LOCATION (STREET AND NUMBER OR E.D. NO. AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE

33A. 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

33B. SIGNATURE OF CORONER — ALFRED E. NOREN CORONER BY

33C. DATE SIGNED 3/25/78

35. DISPOSITION	36. DATE—MONTH, DAY, YEAR	37. NAME AND ADDRESS OF CEMETERY OR CREMATORY	38. EMBALMER'S LICENSE NUMBER
CREMATION	2/27/78	SOQUEL CREMATORY, SOQUEL, CALIFORNIA	NOT EMBALMED

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR	42. DATE ACCEPTED BY LOCAL REGISTRAR
WHITE'S MORT INC, SANTA CRUZ		FEB 27 1978

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

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

SIGNATURE OF CERTIFYING OFFICIAL — Grace C. Allen

OFFICIAL TITLE: DEPUTY REGISTRAR

ISSUED/CERTIFIED ON: SANTA CRUZ, CA.

DATE OF CERTIFICATION: MAR 01 1978

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

81 APR 20 PM 3 55

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of _____

this 20th day of April A.D. 19 81 at 3:55 o'clock P M., and duly recorded in Vol. M81, of Deeds on Page 7119,

EVELYN BIEHN, County Clerk

By Debra Jansen

Fee $3.50

3.50 ck

Return To:

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON 97601