131

Vol. m81 Page 9557

TA 38-23525-22

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

BEVERLEE A. MYERS DIRECTOR
DEPARTMENT OF HEALTH SERVICES
AND STATE REGISTRAR OF VITAL STATISTICS

BY Merle L. Shields

Merle L. Shields Chief
VITAL STATISTICS BRANCH

MAY 20 1981

After recording return to: Eugene C. Nelson
Star Route 2, Box 597G, Chiloquin, OR 97624

CERTIFICATE OF DEATH

3397 1856

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

74-056638 — State File Number

DECEDENT PERSONAL DATA

- 1a. Name of Deceased—First Name: ROSE
- 1b. Middle Name: Edna
- 1c. Last Name: NELSON
- 2a. Date of Death: May 10, 1974
- 2b. Hour: 1:25 P
- 3. Sex: Female
- 4. Color or Race: Caucasian
- 5. Birthplace: Michigan
- 6. Date of Birth: July 25, 1914
- 7. Age: 59 Years
- 8. Name and Birthplace of Father: Adrian DuCharme Unknown
- 9. Maiden Name and Birthplace of Mother: Unknown Martin Michigan
- 10. Citizen of What Country: U.S.A.
- 11. Social Security Number: 551-40-7647
- 12. Married, Never Married, Widowed, Divorced: Married
- 13. Name of Surviving Spouse: Eugene Carl Nelson
- 14. Last Occupation: Homemaker
- 15. Number of Years in This Occupation: adult
- 16. Name of Last Employing Company or Firm: self
- 17. Kind of Industry or Business: domestic

PLACE OF DEATH

- 18a. Place of Death—Name of Hospital or Other In-Patient Facility: Lakeview Hospital
- 18b. Street Address: 21220 Walnut
- 18c. Inside City Corporate Limits: No
- 18d. County: Riverside
- 18e. Length of Stay in County of Death: 1 Years
- 18f. Length of Stay in California: 29 Years
- 18g. City or Town: Elsinore

USUAL RESIDENCE

- 19a. Usual Residence—Street Address: 21551 Waite Street
- 19b. Inside City Corporate Limits: No
- 19c. City or Town: Elsinore
- 19d. County: Riverside
- 19e. State: California
- 20. Name and Mailing Address of Informant: Eugene Carl Nelson, 21551 Waite Street, Elsinore, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. Coroner:
- 21b. Physician: From 5/8/74 To 5/10/74 Last seen alive 5/10/74
- 21c. Physician or Coroner—Signature: T.R. Comstock
- 21d. Date Signed: 5/10/74
- 21e. Address: 109 E. Sumner, Elsinore, California
- 21f. Physician's License Number: A05388

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. Specify Burial, Entombment or Cremation: Removal Burial
- 22b. Date: May 14, 1974
- 23. Name of Cemetery or Crematory: Holy Sepulcher Cemetery, Orange, California
- 24. Embalmer—Signature: Rasmussen 2557
- 25. Name of Funeral Director: EVANS BROWN MORTUARY, Elsinore, California
- 26. Was Body Referred to Coroner: No
- 27. Local Registrar—Signature: H. G. Eickmeyer
- 28. Date Accepted for Registration: MAY 15 1974

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. Part I. Death was caused by: Enter only one cause per line for A, B and C

- Immediate Cause (A): Myocardial infarction
- 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 (A), stating the underlying cause last.

30. Part II. Other significant conditions
31. Was operation or biopsy performed: No
32a. Autopsy: No
33. Specify accident, suicide or homicide
34. Place of injury
35. Injury at work
36a. Date of injury
36b. Hour
37a. Place of injury (street and number or location and city or town)
40. Describe how injury occurred

INJURY INFORMATION

State Registrar: A 1 | B X | C 2 | D | E 4109 | F

9558

VALIDATED — REQUIRED FEE PAID
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE
STATE REGISTRAR OF VITAL STATISTICS
VITAL STATISTIC SECTION
SACRAMENTO, CALIFORNIA

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the

29th day of May A.D., 1981 at 11:44 o'clock A M., and duly recorded in

Vol M81 of Deeds on page 9557.

EVELYN BIEHN
COUNTY CLERK

Fee $ 7.00

By Debra A. Jones deputy