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DEC 12 1980

VIOLA RICHARDSON, County Recorder

The within Document is a correct copy of the record in this office.

ATTEST:

SEP - 2 1981

VIOLA RICHARDSON

County Recorder In and for Mendocino County State
of California

By L. V. Lebeck Deputy Recorder

Return to:
Bell, Cox & Manion, attys
P.O. Box 419
Ukiah, Calif. 95482

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

8th day of September A.D., 1981 at 1:45 o'clock P.M., and duly recorded in

Vol M-81 of Deeds on page 15889

Fee \$ \$4.00

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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STATE FILE NUMBER		FEDERAL IDENTIFICATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST		1C. LAST	
Luther		Hansen	
2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR	
Dec. 9, 1980		2630	
3. SEX		7. AGE	
Male		82	
4. RACE		8. DATE OF BIRTH	
White		April 3, 1898	
5. ETHNICITY		10. BIRTH PLACE AND BIRTHPLACE OF MOTHER	
		Iowa	
6. NAME AND BIRTHPLACE OF FATHER		11. CITIZEN OF THIS COUNTRY	
George Hansen		U.S.A.	
7. SOCIAL SECURITY NUMBER		12. NUMBER OF YEARS	
570-26-2555		48	
13. MARITAL STATUS		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Married		Self.	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE DATE)		18. SIZE OF INHERITANCE OR BENEFITS	
Elizabeth Hall Unk.		Furniture	
15. NAME OF INHERITANCE OR BENEFITS		19C. CITY OR TOWN	
Ukiah		Ukiah	
16A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		16B. STATE	
272 Oak Knoll Rd.		Calif.	
17D. COUNTY		18. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Mendocino		Mrs. Gladys Hansen Wife	
19A. PLACE OF DEATH		20. COUNTY	
Mendocino Community Hospital		Mendocino	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
860 N. Bush St.		Ukiah	
22. DEATH WAS CAUSED BY		23. OTHER CAUSES CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
IMMEDIATE CAUSE		24. WAS DEATH REPORTED TO CORONER?	
Respiratory Failure		17/8/80	
25. WAS DEATH REPORTED TO CORONER?		26. WAS DEATH REPORTED TO CORONER?	
NO		NO	
27. WAS OPERATION PERFORMED FOR THIS CONDITION 10 DAYS OR 21 DAYS BEFORE DEATH?		28. DATE OF OPERATION	
NO		2/27/80	
29. PHYSICIAN'S LICENSE NUMBER		30. PHYSICIAN'S LICENSE NUMBER	
C-6468		C-6468	
31. NAME OF PHYSICIAN		32. NAME OF PHYSICIAN	
Nicholas Zbindenoff, M.D.		Nicholas Zbindenoff, M.D.	
33. NAME OF PHYSICIAN		34. NAME OF PHYSICIAN	
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35. NAME OF PHYSICIAN		36. NAME OF PHYSICIAN	
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43. NAME OF PHYSICIAN		44. NAME OF PHYSICIAN	
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51. NAME OF PHYSICIAN		52. NAME OF PHYSICIAN	
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67. NAME OF PHYSICIAN		68. NAME OF PHYSICIAN	
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69. NAME OF PHYSICIAN		70. NAME OF PHYSICIAN	
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89. NAME OF PHYSICIAN		90. NAME OF PHYSICIAN	
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91. NAME OF PHYSICIAN		92. NAME OF PHYSICIAN	
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