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Vol. 81 Page 18105CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5400

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE FIRST		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Warren		Jacob		BACHMAN		2A. DATE OF DEATH (MONTH DAY YEAR) 2B	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE	
Male		Caucasian		AMERICAN		July 25, 1928		53	
8. BIRTHPLACE OF DECEDENT—STATE OR FOREIGN COUNTRY		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
SD		PETE BACHMANN, RUSSIA		BERTHA WILST, RUSSIA		U.S.A.		UNK	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME)		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
DIVORCED				OWNER		20		UNK	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY		19C. CITY OF TOWN		19D. COUNTY	
TAVERN		Avalon Street				KLAMATH FALLS		KLAMATH	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
BEN BACHMANN - Brother		PRIVATE RESIDENCE		Sacramento		6208 Laurine Way		Sacramento	
5729 Mendocino Blvd.		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		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	
Sacramento, CA 95824		(A) CARDIAC ARREST						No	
		(B) CIRRHOSIS OF THE LIVER							
		(C)							
24. WAS DEATH RESISTED TO CORONER?		25. WAS DISPOST PERFORMED?		26. WAS AUTOPSY PERFORMED?		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
Yes		No		No		I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28C. DATE SIGNED	
						28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. PHYSICIAN'S LICENSE NUMBER	
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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
				Investigation		C. R. SIMMONS, Coroner		9/25/81	
36. DISPOSITION		37. DATE		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
CREMATION		9-29-81		SACRAMENTO MEMORIAL LAWN, SACRAMENTO		NOT EMBALMED		SACRAMENTO MEMORIAL LAWN MORTUARY	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE FILED BY LOCAL REGISTRAR		43. STATE REGISTRAR—SIGNATURE		44. DATE FILED BY STATE REGISTRAR		45. STATE REGISTRAR—SIGNATURE	
Joseph C. Thomas, Jr.		9-26-81		Evelyn Biehn					

VS-11 (10-78)

Wanda West
5547 Canton
K. Tully, Jr.THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE
SACRAMENTO COUNTY DEPARTMENT OF PUBLIC HEALTH, SACRAMENTO, CALIFORNIA.BY: Wanda West REGISTRAR
DEPUTY
Registrar of Vital Statistics

Sacramento County, California

State of OREGON: COUNTY OF KLAMATH: ss.

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

15TH day of October A.D., 1981 at 1:25 o'clock P M., and duly recorded in

Vol. 81 of Deeds on page 18105.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERKBy Wanda West Deputy