

7540

CERTIFICATE OF DEATH STATE OF CALIFORNIA

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1. NAME OF DECEASED—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR	
Tony				Victorin		December 9, 1981		8:30 P.	
3. SEX		4. RACE		5. ETHNICITY		7. AGE		8. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Male		White		Czechoslovakian		90		Elizabeth Novak: Czechoslovakia	
9. PLACE OF DECEASED—STATE OR FOREIGN COUNTRY		10. NAME AND BIRTHPLACE OF FATHER		11. MARITAL STATUS		12. SOCIAL SECURITY NUMBER		13. FINE OF INDUSTRY OR BUSINESS	
Czechoslovakia		Joseph Victorin: Czechoslovakia		Widowed		542-40-7999		Agriculture	
14. U.S.A.		15. NUMBER OF YEARS THIS OCCUPATION		16. EMPLOYER, IF SELF-EMPLOYED, SO STATE		17. CITY OR TOWN		18. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Farmer		50		Self Employed		Tulelake		Joe Victorine, Son Rt. 1, Box 221 Tulelake, Calif. 96134	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. CITY OR TOWN		22. DATE SIGNED	
Star Rt., Box 162		Oregon		Joe Victorine, Son Rt. 1, Box 221 Tulelake, Calif. 96134		Modoc		17/10/81	
23A. PLACE OF DEATH		23B. CITY OR TOWN		24. WAS DEATH REPORTED TO CORONER?		25. WAS DEATH PERFORMED?		26. WAS AUTOPSY PERFORMED?	
Joe Victorine Residence		Tulelake		Yes		No		No	
27. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		28. CITY OR TOWN		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER		31. INJURY AT WORK	
Rt. 1, Box 221		Tulelake		17/10/81		Oregon:		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		33. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. COFFINER—SIGNATURE AND DEGREE OR TITLE		36. DATE SIGNED	
(A) Acute Cardiac Arrhythmia		(B) Chronic myocarditis				not embalmed in Calif.			
37. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		38. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		39. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		40. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		41. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
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STATE OF CALIFORNIA
COUNTY OF MODOC, SS

I, M.F. "Peggy" Jones, County Recorder, do hereby certify that this is a true and correct copy of the record recorded in this office in book number 13, page number 254.

Witness my hand and official seal this 11 day of December, 1981.

M.F. "Peggy" Jones, Recorder

By M. Jones, Deputy.

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

13 day of December A.D., 1981 at 2:40 o'clock P.M., and duly recorded in

Vol M 81 of Deeds on page 21603.

Fee \$ 4.00

EVELYN DIEHN
COUNTY CLERK

By Joyce McArthur deputy