8470

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M82 Page 831 769
4000
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JOHN	STEWART	MILLER	August 2, 1981	1742

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)
Male	White	Not Given	February 15,1905	76

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
IA.	Hyeland Miller - Nebraska	Sarah (Unknown) -Nebraska

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	507 10 6422	Married	Merle H. Nelsen

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Foreman	34	C.B.S. Studios	Communication

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
450 Radcliffe Avenue		Morro Bay

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Luis Obispo	California	Merle H. Miller - Wife 450 Radcliffe Avenue Morro Bay, California 93442

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Sierra Vista Hospital	San Luis Obispo

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1010 Murray Avenue	San Luis Obispo

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) Acute Inferior wall myocardial
DUE TO, OR AS A CONSEQUENCE OF
(B) Infarction — 1 hour
DUE TO, OR AS A CONSEQUENCE OF
(C) Coronary artery arteriosclerosis — years

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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? No. TYPE OF 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
12/12/1971	7/3/1981	John C. Norris MD	Aug 3, 1981	C-29037

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: John C. Norris, MD. 84 Santa Rosa, San Luis Obispo, California

INJURY INFORMATION

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)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED 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

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	August 5,1981	Los Osos Valley Memorial Park, Los Osos,CA.	6489 Bruce Benedict

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Benedict-Rettey Mortuary	Barbara Mitchell, Deputy	8-4-81

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (10-79)

STATE OF CALIFORNIA)
COUNTY OF SAN LUIS OBISPO) SS.
I, Wm. E. Zimarik, Recorder of San Luis Obispo County, Calif. do hereby certify that I have compared the foregoing document with the original record in Vol 125 of Deeds at page 235 and that it is a full, true and correct transcript of the same.
Witness my hand and official seal this 28th day of October 1981
Wm. E. Zimarik, Recorder
By Lorraine Anderson Deputy Recorder

DOC. NO. 38356
OFFICIAL RECORDS
SAN LUIS OBISPO CO., CAL
AUG 19 1981
WILLIAM E. ZIMARIK
COUNTY RECORDER
TIME 11:10 AM
VOL 125 PAGE 235

Return.
OGLE, GALLO & MERZON
ATTORNEYS AT LAW
A Partnership of Professional Corporations
P. O. BOX 720
MORRO BAY, CALIFORNIA 93442

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 20 day of January A.D., 1982 at 11:48 o'clock A M., and duly recorded in Vol M 82 of Deeds on Page 831.
Fee $ 4.00
EVELYN BIEHN
COUNTY CLERK
By Joyce McClure deputy