

9203

Vol. M82 Page 1957

mfc 4679  
This is to certify that this document is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

*William E. Fair, M.D.*

Local Registrar and County Health Officer  
Auburn, California - Date OCT-1-1980

# CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
Arthur		B.		Chaffee		September 26, 1980		1035
3. SEX		4. RACE		5. ETHNICITY		7. AGE		IF UNDER 1 YEAR
Male		White		Not Stated		64		MONTHS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		6. DATE OF BIRTH		IF UNDER 24 HOURS		IF UNDER 24 HOURS
CA		Walter Abel Chaffee - MA		December 2, 1915		MONTHS		DAYS
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
U.S.A.		555-07-7832		Married		Battie Bonfoey - CT		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER)		
Inspector		31		United States Air Force		Mary E. Stone		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		18. KIND OF INDUSTRY OR BUSINESS		19C. CITY OR TOWN		
1180 Pine Vista Lane				Federal Government		Colfax		
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
Placer		CA		Mary Chaffee - Wife				
21A. PLACE OF DEATH		21B. COUNTY		1180 Pine Vista Lane				
Roseville Community Hospital		Placer		Colfax, CA 95713				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN						
333 Sunrise Avenue		Roseville						
22. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		IMMEDIATE		24. WAS DEATH REPORTED TO CORONER?		
IMMEDIATE CAUSE		(A) PULMONARY EMBOLISM				NO		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		(B)				25. WAS BIOPSY PERFORMED?		
		(C)				NO		
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		Sep 1976		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		DATE		
SURGERY ON ACHILLES TENDON, CEREBRAL THROMBOSIS		SEE # 23		28C. PHYSICIAN SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		9/29/80		A 24008		
1 ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		1 LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS				
SEPT 7, 1976		SEPT 26, 1980		RICHARD A. CHAN, M.D. 406 SUNRISE AVE. ROSEVILLE, CALIF				
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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		
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-INVIGATION)		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
		Burial		9-30-80		Sylvan Cemetery, Citrus Heights, CA		3692
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR				
Lambert Funeral Home		William E. Fair, M.D.		9/29/80				
STATE REGISTRAR		A.		B.		F.		

AFTER RECORDING RETURN TO:  
Mountain Title Company, Inc.

STATE OF OREGON: COUNTY OF KLAMATH ::s  
I hereby certify that the within instrument was received and filed for record on the - 16 day of Feb. A.D., 19 82 at 2:15 o'clock P. M., and duly recorded in Vol M 82, of Deeds on page 1957.

EVELYN BIEHN COUNTY CLERK  
by *Joyce M. Davis* Deputy

Fee \$ 4.00