

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

12016

1400-004

Page **6405**

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST NEVA		1B. MIDDLE LILLIA		1C. LAST CONOVER		2A. DATE OF DEATH (MONTH, DAY, YEAR) January 10, 1981		2145	
	3. SEX Female	4. RACE White	5. ETHNICITY American		6. DATE OF BIRTH Sept. 20, 1910		7. AGE 70	IF UNDER 1 YEAR MONTHS 7	IF UNDER 24 HOURS DAYS 10	IF UNDER 24 HOURS HOURS 15
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Michigan		9. NAME AND BIRTHPLACE OF FATHER Frank Meyers - Michigan				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Eva (unknown) - Michigan			
	11. CITIZEN OF WHAT COUNTRY U. S. A.		12. SOCIAL SECURITY NUMBER 570 26 8657		13. MARITAL STATUS married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Herbert M. Conover			
	15. PRIMARY OCCUPATION Electronic Assembler		16. NUMBER OF YEARS THIS OCCUPATION 17		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Beckman Instruments		18. KIND OF INDUSTRY OR BUSINESS Electronic manufacturing			
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2272 McIntosh				19B.		19C. CITY OR TOWN Bishop			
	19D. COUNTY Inyo		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Herbert M. Conover, husband 2272 McIntosh Bishop, California 93514					
PLACE OF DEATH	21A. PLACE OF DEATH Northern Inyo Hospital		21B. COUNTY Inyo							
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 150 Pioneer Lane		21D. CITY OR TOWN Bishop							
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
	(A) Disseminated small cell carcinoma lung						2mo		24. WAS DEATH REPORTED TO CORONER? No	
	(B) Small cell carcinoma lung						9mo		25. WAS BIOPSY PERFORMED? Yes	
PHYSICIAN'S CERTIFICATION	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH none						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION lung biopsy		DATE 4/80	
	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.) 4/24/80		I LAST SAW DECEDENT ALIVE (ENTER NO. DA, YR.) 1/10/81		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Patricia Konrad MD		28C. DATE SIGNED 1-13-1980		28D. PHYSICIAN'S LICENSE NUMBER A 22569	
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Patricia Konrad, M.D., 162 E. Line St., Bishop, California									
INJURY INFORMATION CORONER'S USE ONLY	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	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR Jan. 14, 1981		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY East Line Street Cemetery, Bishop, CA		39. CEMETERY'S LICENSE NUMBER AND SIGNATURE George Kibler MD		42. DATE ACCEPTED BY LOCAL REGISTRAR 1-16-81		
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Brune-Buck & Talmage Mortuary				41. LOCAL REGISTRAR—SIGNATURE George Kibler MD						

This must be in red to be a
"CERTIFIED COPY"

INYO COUNTY HEALTH DEPARTMENT

I hereby certify that this is a true and correct copy of a certificate on file in the Inyo County Health Department if the words "CERTIFIED COPY" are in red.

George K. Kibler, M.D.
Health Officer

Date of amendment, if any

Return To:

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET

State of OREGON: COUNTY OF KLAMATH: ss.

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

21 day of May A.D., 1982 at 4:01 o'clock, p M., and duly recorded in

Vol M 82 of Deeds on page 6405.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK

By George Kibler deputy