13328 STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M 82 Page 8538

5097 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 02857

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JOSEPH	MERRILL	PERRY

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
APRIL 21, 1982	0700

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
MALE	CAUC		MARCH 22,1928

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
54 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CA	FRANK PERRY AZORES	MARGUERITE GREENSLITT MN

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
US	561 32 5229	MARRIED	GLADYS EVERMON

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYED (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
CAPT RET	26 YRS	U.S. NAVY	MILITARY

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
STAR ROUTE 2 BOX 582		CHILOQUIN

19D. COUNTY	19E. STATE
KLAMATH	OREGON

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
NAVAL REGIONAL MEDICAL CENTER	ALAMEDA

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
8750 MOUNTAIN BLVD	OAKLAND

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
MRS. GLADYS PERRY-WIFE
STAR ROUTE 2 BOX 582
CHILOQUIN, OREGON, 97624

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) SEPSIS
DUE TO, OR AS A CONSEQUENCE OF
(B) PANCYTOPENIA
DUE TO, OR AS A CONSEQUENCE OF
(C) ACUTE MYELOFIBROSIS

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? YES

26. WAS AUTOPSY PERFORMED? YES

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
3-23-82	4-20-82	Charles R. Hinman MD	4-21-82	RESIDENT

28E. TYPE PHYSICIAN'S NAME AND ADDRESS CHARLES R. HINMAN MD
NAVAL REGIONAL MEDICAL CENTER, OAKLAND, CA.

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 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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
BURIAL	April 26, 1982	St. Joseph's Cem. San Pablo, CA.	7124 R. J. Richards

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
CONNOLLY & TAYLOR INC. #154		APR 23 1982

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-78)

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY B. Millan DEPUTY

DATE MAY 4 - 1982

Receipt #2716
RECORD AT REQUEST OF & RETURN TO:
Parks & Ratliff
228 North 7th
Klamath Falls, OR 97601

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

7 day of July A.D., 1982 at 4:22 o'clock p M., and duly recorded in

Vol M 82 of Deeds on page 8538.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Lyn McClure deputy