CERTIFICATE OF DEATH

5600 753

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

347

16547

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VOL 350 PAGE 564

VOL [illegible] PAGE 14039

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: William	1b. MIDDLE NAME: Alfred	1c. LAST NAME: Taylor	2a. DATE OF DEATH—MONTH, DAY, YEAR: May 7, 1970	2b. HOUR: 11:00 a.m.
3. SEX: Male	4. COLOR OR RACE: Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas	6. DATE OF BIRTH: September 7, 1888	7. AGE (LAST BIRTHDAY): 81 YEARS
8. NAME AND BIRTHPLACE OF FATHER: William Taylor - Illinois		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Joseph Borcherding - Missouri		
10. CITIZEN OF WHAT COUNTRY: USA	11. SOCIAL SECURITY NUMBER: 527-01-3349-A	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Naomi Cox	
14. LAST OCCUPATION: Machinist oper.	15. NUMBER OF YEARS IN THIS OCCUPATION: 20	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Pacific Pipline Co.	17. KIND OF INDUSTRY OR BUSINESS: Pipline Construction	

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Residence	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1147 Forest Ave.		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no
18d. CITY OR TOWN: Ojai	18e. COUNTY: Ventura	18f. LENGTH OF STAY IN COUNTY OF DEATH: 28 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 40 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1147 Forest Ave.	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no	20. NAME AND MAILING ADDRESS OF INFORMANT: Alfred Taylor (son) 1153 Forest Ave. Ojai, Calif.
19c. CITY OR TOWN: Ojai / 19d. COUNTY: Ventura	19e. STATE: California	

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN investigation (INVESTIGATION OR INQUEST)	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM — TO — AND I LAST SAW THE DECEASED ALIVE	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: [signature] / 21e. ADDRESS: 3291 Loma Vista Rd Ventura	21d. DATE SIGNED: May 8, 70 / 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: —

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 5-12-70	23. NAME OF CEMETERY OR CREMATORY: Ivy Lawn Memorial Park	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Robert Owen 4895
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Clausen Funeral Home	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO): yes	27. LOCAL REGISTRAR—SIGNATURE: Stephen A. Coray M.D.	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: 5/8/70

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A) Acute congestive heart failure

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

DUE TO, OR AS A CONSEQUENCE OF (B) Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Pulmonary emphysema	31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): no	32a. AUTOPSY (SPECIFY YES OR NO): no	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO): —

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 — MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

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

REV. 1-1-68

RECORDER VENTURA COUNTY CALIFORNIA OFFICIAL SEAL

I hereby certify that the annexed instrument is a true and correct copy of the document which is of record in this office.

Dated: OCT 8 1981

ROBERT L. HAMM, Recorder
Ventura County California

By [signature] Deputy Recorder

14037

Ret Wm E Taylor
522 E Vince St.
Ventura Cal.
93001

10639

STATE OF OREGON
County of Deschutes
I hereby certify that the within instrument of writing was received for Record the 17 day of Nov A.D. 1981 at 4:31 o'clock P M., and recorded in Book 350 on Page 563 Records of Deeds
ROSEMARY PATTERSON
County Clerk
By Anne Hampel Deputy

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 Oct A.D., 1982 at 2:27 o'clock p M., and duly recorded in Vol M82 of Deeds on page 14036.

EVELYN BIEHN
COUNTY CLERK

Fee $ 8.00

By Joyce McDevitt deputy