

17248

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. MO 15241 2316

STATE FILE NUMBER 17248		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 15241 2316	
1A. NAME OF DECEDENT—FIRST Donald		1B. MIDDLE Grant	1C. LAST Smith
3. SEX Male	4. RACE White	5. ETHNICITY American	6. DATE OF BIRTH November 25, 1898
2A. DATE OF DEATH (MONTH, DAY, YEAR) October 8, 1982		2B. HOUR END 0900	
7. AGE 83		IF UNDER 1 YEAR MONTHS _____ DAYS _____ IF UNDER 24 HOURS HOURS _____ MINUTES _____	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Oregon		9. NAME AND BIRTHPLACE OF FATHER John Smith, Oregon	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Nettie Chamberlain, N.Y.		11. CITIZEN OF WHAT COUNTRY United States	
12. SOCIAL SECURITY NUMBER 571-03-5446		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Dorothy Rayner		15. PRIMARY OCCUPATION Real Estate Broker	
16. NUMBER OF YEARS THIS OCCUPATION 30		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self	
18. KIND OF INDUSTRY OR BUSINESS Real Estate		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 538 Jones Street	
19B. CITY OR TOWN Ventura		19C. COUNTY Ventura	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Dorothy Smith [Wife] 538 Jones Street Ventura, California 93003		21. PLACE OF DEATH RESIDENCE	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) <i>arteriosclerotic cardiovascular disease</i> DUE TO, OR AS A CONSEQUENCE OF (B) _____ DUE TO, OR AS A CONSEQUENCE OF (C) _____		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH _____	
24. WAS DEATH REPORTED TO CORONER? YES 1219-82		25. WAS BIOPSY PERFORMED? NO	
26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE _____ I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE F. Warren Lovejoy, M.D.	
28C. DATE SIGNED 10-8-82		28D. PHYSICIAN'S LICENSE NUMBER 10-8-82	
29. SPECIFY ACCIDENT, SUICIDE, ETC. INVESTIGATION		30. PLACE OF INJURY Ivy Lawn Cemetery, Ventura, CA.	
31. INJURY AT WORK NO		32A. DATE OF INJURY—MONTH, DAY, YEAR 10-8-82	
32B. HOUR 12:00		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 538 Jones Street, Ventura, CA.	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Medical Examiner		35. CORONER—SIGNATURE AND DEGREE OR TITLE F. Warren Lovejoy, M.D.	
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) INVESTIGATION		35B. CORONER'S SIGNATURE AND DEGREE OR TITLE F. Warren Lovejoy, M.D.	
35C. DATE SIGNED 10-8-82		35D. CORONER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Oct. 11, 1982	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Ivy Lawn Cemetery, Ventura, CA.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Joseph P. Reardon Funeral Chapel		41. LOCAL REGISTRAR—SIGNATURE Sarah L. Miller, M.D.	
42. DATE ACCEPTED BY LOCAL REGISTRAR OCT 08 1982		43. STATE REGISTRAR A. _____ B. _____ C. _____ D. _____ E. _____ F. _____	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FORTH IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.



OCT 15 1982 FEE \$3.00

Sarah L. Miller, M.D., Health Officer and Registrar

State of OREGON: COUNTY OF KLAMATH: ss.

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

16 day of Nov A.D., 19 82 at 12:00 o'clock P M., and duly recorded in

Vol M82 of deeds on page 15241.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By Joyce McArthur deputy