

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4500 1105

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
LESTER		CHARLES	
1C. LAST		SMITH	
2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
December 15, 1982		0321	
3. SEX		4. RACE	
Male		White	
5. ETHNICITY		6. DATE OF BIRTH	
American		July 31, 1896	
7. AGE		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	
86 YEARS		West Virginia	
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Charles B. Smith, Pennsylvania		Myrtle Dodge, No Record	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
U.S.A.		546-54-7148	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Married		Gertrude Graf	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	
Attorney at Law		63	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Self-Employed		Law	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
1108 Smith Road (P.O. Box 1896)		Redding	
19C. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Shasta		Gertrude Smith - Wife	
21A. PLACE OF DEATH		P.O. Box 1896	
Memorial Hospital		Redding, CA 96099	
21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Shasta		1450 Liberty Street	
21D. CITY OR TOWN		21E. STATE	
Redding		CA	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
IMMEDIATE CAUSE		Embolus Left CVA	
(A) Uremia		24. WAS DEATH REPORTED TO CORONER?	
DUE TO, OR AS A CONSEQUENCE OF		No	
(B) Cardiac Insufficiency		25. WAS BIOPSY PERFORMED?	
DUE TO, OR AS A CONSEQUENCE OF		No	
(C) Atherosclerotic Heart Disease		26. WAS AUTOPSY PERFORMED?	
DUE TO, OR AS A CONSEQUENCE OF		No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. DATE SIGNED	
No		12-16-82	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.)		D. D. Johnson MD, 2147A Court St., Redding, CA 96001	
11-08-82		12-14-82	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
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	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Burial		Dec. 17, 1982	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Redding Cemetery, Redding, CA		5851 Paul Rickett	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
McDonald's Chapel, Redding, CA 177		Linda L. Allen, Reg. Lic.	
42. DATE ACCEPTED BY LOCAL REGISTRAR		DEC 16 1982	
STATE REGISTRAR		A. B. C. D. E. F.	

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: DEC 16 1982

HEALTH
Stephen J. Plank
Stephen J. Plank, M.D., Dr.P.H.
Registrar of Vital Statistics
Shasta County Health Department
2650 Hospital Lane
Redding, CA 96001

STATE OF OREGON: COUNTY OF KLAMATH ::ss
I hereby certify that the within instrument was received and filed for record on the -23rd day of May A.D., 1983 at 11:01 o'clock A M, and duly recorded in Vol M83, of Deeds on page 7949.

EVELYN BIEHN COUNTY CLERK

by K. J. [Signature] Deputy

Fee \$ 4.00

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Rawlins Coffman
P.O. Box 158
Red Bluff, CA 96000