27001

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This is to certify that this document is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

William E Fair M.D.

Local Registrar and County Health Officer

Auburn, California - Date APR 28 1981

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Martha | 1B. MIDDLE: Jean | 1C. LAST: Heffren
2A. DATE OF DEATH (MONTH, DAY, YEAR): April 26, 1981 | 2B. HOUR: 0730
3. SEX: Female | 4. RACE: White | 5. ETHNICITY: not stated | 6. DATE OF BIRTH: August 6, 1919
7. AGE: 61 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Warner, Oklahoma | 9. NAME AND BIRTHPLACE OF FATHER: James Claude Hales - Arkansas | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Opal Frazier - Texas
11. CITIZEN OF WHAT COUNTRY: U.S.A. | 12. SOCIAL SECURITY NUMBER: 447-03-5518 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Kenneth C. Heffren
15. PRIMARY OCCUPATION: Housewife | 16. NUMBER OF YEARS THIS OCCUPATION: 36 years | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): At Home | 18. KIND OF INDUSTRY OR BUSINESS: Homemaking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 921 Dairy Road | 19B.
19C. CITY OR TOWN: Auburn
19D. COUNTY: Placer County | 19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mr. Kenneth C. Heffren (Husband) 921 Dairy Road Auburn, California 95603

PLACE OF DEATH

21A. PLACE OF DEATH: "Residence" | 21B. COUNTY: Placer County
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 921 Dairy Road | 21D. CITY OR TOWN: Auburn

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Metastatic Carcinoma of the Breast — 2 mo.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (B):
DUE TO, OR AS A CONSEQUENCE OF (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? no
25. WAS BIOPSY PERFORMED? no
26. WAS AUTOPSY PERFORMED? no
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 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.): 1/8/81 | I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 4/17/81
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: J. Beatty Hunter M.D.
28C. DATE SIGNED: 4/27/81 | 28D. PHYSICIAN'S LICENSE NUMBER: G-23429
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: J. Beatty Hunter, M.D.; 11582 "B" Avenue; Auburn, Calif. 95603

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
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: not done

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: April 28, 1981 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: East Lawn Crematory; Sacramento, California
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Chapel of the Hills; Auburn
41. LOCAL REGISTRAR—SIGNATURE: William E. Fair, M.D. by: [signature] Deputy
42. DATE ACCEPTED BY LOCAL REGISTRAR: April 27, 1981

STATE REGISTRAR | A. | B. | C. | D. | E. | F.

Return VS-11 (10-70)
Safeco Title Co
11899 Edgewood Rd Suite C
Auburn, Ca 95603

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 15 day of AUG A.D., 19 83 at 2:35 o'clock P M, and duly recorded in Vol M83, of DEEDS on page ~~13671~~.

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy

Fee $ 4.00