30817

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M83 Page 19948

STATE FILE NUMBER

4500 0988
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: JOE
1B. MIDDLE: ADAMS
1C. LAST: PEASE
2A. DATE OF DEATH (MONTH, DAY, YEAR): November 1, 1983
2B. HOUR: 1800
3. SEX: Male
4. RACE/ETHNICITY: White
5. SPANISH/HISPANIC: NO ☒
6. DATE OF BIRTH: Sept 2, 1914
7. AGE: 69 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Minnesota
9. NAME AND BIRTHPLACE OF FATHER: John Pease, Iowa
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Gertrude Adams, Iowa
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 559-03-3923
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Melba Herrell
15. PRIMARY OCCUPATION: Mtr Pool Foreman
16. NUMBER OF YEARS THIS OCCUPATION: 18
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Humboldt County
18. KIND OF INDUSTRY OR BUSINESS: County

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 13802 Lake Boulevard
19B.
19C. CITY OR TOWN: Summit City
19D. COUNTY: Shasta
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Melba Pease - Wife
P. O. Box 363
Summit City, CA 96089

PLACE OF DEATH

21A. PLACE OF DEATH: Own Residence
21B. COUNTY: Shasta
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 13802 Lake Blvd
21D. CITY OR TOWN: Summit City

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) Metastatic adenocarcinoma / unknown primary — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 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)
24. WAS DEATH REPORTED TO CORONER? YES
25. WAS BIOPSY PERFORMED? YES
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): 7-26-83
I LAST SAW DECEDENT ALIVE (ENTER MO DA YR): 8-26-83
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: M. Pierce
28C. DATE SIGNED: 11-2-83
28D. PHYSICIAN'S LICENSE NUMBER: G42236
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Mark Pierce MD, 1760 Gold Street, Redding, California 96001

INJURY INFORMATION — CORONER'S USE ONLY

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)
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: Cremation
37. DATE—MONTH, DAY, YEAR: Nov 4, 1983
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Redding Crematory, Redding, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): McDonald's Chapel, Redding, CA
40B. LICENSE NO.: 177
41. LOCAL REGISTRAR—SIGNATURE: Margaret L. Palin, Deputy
42. DATE ACCEPTED BY LOCAL REGISTRAR: NOV 3 1983

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

VS-11 (6-82)

83 NOV 21 PM 2 11

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: NOV 3 1983

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

VITALS STATEMENT MUST SHOW EMBOSSMENT OF COUNTY SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 21st day of November A.D., 19 83 at 2:11 o'clock p M, and duly recorded in Vol M83, of Deeds on page 19948.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00

by [signature] deputy