

30843

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M83 Page 33 006631 1999T

STATE FILE NUMBER 30843		CERTIFICATE OF DEATH STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 33 006631	
1A. NAME OF DECEDENT—FIRST JAMES		1B. MIDDLE ALFRED		1C. LAST GOATCHER	
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO	
6. DATE OF BIRTH March 9, 1915		7. AGE 68		2A. DATE OF DEATH (MONTH, DAY, YEAR) August 30, 1983	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CAN		9. NAME AND BIRTHPLACE OF FATHER James Goatcher - ENG		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Beatrice Skinner - ENG	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 553-01-0044		13. MARITAL STATUS Married	
14. PRIMARY OCCUPATION Driver		15. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8902 Conway Drive		16. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Red Cab Co.	
17. COUNTY Riverside		18. CITY OR TOWN Riverside		19. ZIP CODE 92502	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Cecilia Goatcher (Wife) 8902 Conway Drive Riverside, CA		21. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Cecilia Parker		22. KIND OF INDUSTRY OR BUSINESS Taxi	
23. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Pending (B) Due to, or as a consequence of (C) Due to, or as a consequence of 18:45, 31 VIII 83 F. R. Hamilton II, M.D.		24. WAS DEATH REPORTED TO CORONER? Yes		25. WAS BIOPSY PERFORMED? No	
26. WAS AUTOPSY PERFORMED? Yes		27. DATE SIGNED No		28. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EXCEPT WHEN RESULTED IN INJURY)		34. DATE SIGNED	
35. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE FILED AN (INQUEST-INVESTIGATION)		36. CORONER—SIGNATURE AND DEGREE OR TITLE William J. Dykes		37. DATE SIGNED 8-31-83	
38. NAME AND ADDRESS OF CEMETERY Riverside National Cemetery—Riverside, CA		39. LICENSE NUMBER 1033		40. SIGNATURE OF LOCAL REGISTRAR SEP 01 1983	
41. STATE REGISTRAR VS-11 (6-82)		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. SIGNATURE OF LOCAL REGISTRAR	

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

Date of Amendments, if any

OCT 31 1983

I hereby certify that this is a true copy of a certificate on file in the Riverside County Health Department, if the certification is in red.

Thomas P. Hamilton II, M.D.
Director of Health & Local Registrar



Cecelia Goatcher
Conway Drive
Riverside, CA 92503

DOH-VS-004 (REV. 6/83)

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 22nd day of November A.D., 1983 at 9:54 o'clock A.M., and duly recorded in Vol M83, of Deeds on page 10991.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by Pam Smith deputy