

30844

CERTIFICATION STATEMENT

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

FLOYD A. HICKS, Recorder in and for the County of Tehama,
State of California

By Steph P. Hart Deputy
Certified at Red Bluff, California on MAR 18 1982

ret.
G.H. VAUGHN

P.O. Box 911

FRAZIER PARK, CA 93225

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5250

74

1A. NAME OF DECEDENT—FIRST <u>Olive</u>		1B. MIDDLE <u>Campbell</u>		1C. LAST <u>VAUGHN</u>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <u>5250</u>	
3. SEX <u>Female</u>		4. RACE <u>Caucasian</u>		5. ETHNICITY <u>American</u>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <u>March 10, 1982</u>	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <u>MS</u>		9. NAME AND BIRTHPLACE OF FATHER <u>Herbert Hugh Campbell - MS</u>		6. DATE OF BIRTH <u>October 3, 1908</u>		2B. HOUR <u>1230</u>	
11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12. SOCIAL SECURITY NUMBER <u>553-84-9615</u>		13. MARITAL STATUS <u>Married</u>		7. AGE <u>73</u> YEARS	
15. PRIMARY OCCUPATION <u>Homemaker</u>		16. NUMBER OF YEARS THIS OCCUPATION <u>Adult life</u>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <u>Self-employed</u>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <u>Mary Wanona Williams - MS</u>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <u>24660 Tehama-Vina Road</u>		19B. COUNTY <u>Tehama</u>		19C. CITY OR TOWN <u>Los Molinos</u>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <u>Grantley H. Vaughn</u>	
21A. PLACE OF DEATH <u>Corning Memorial Hospital</u>		21B. COUNTY <u>Tehama</u>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <u>275 Solano</u>		18. KIND OF INDUSTRY OR BUSINESS <u>Homemaking</u>	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Heart attack</u> (B) <u>Arteriosclerosis</u> (C) <u>Coronary artery disease</u>		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <u>Arteriosclerosis</u>		24. WAS DEATH REPORTED TO CORONER? <u>NO</u>		25. WAS BIOPSY PERFORMED? <u>NO</u>	
26. 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.) <u>3/6/82 3/8/82</u>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <u>NO</u>		28. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <u>Wm. S. Davis, M.D., N. Highway 99E, Los Molinos, Calif.</u>		29. SPECIFY ACCIDENT, SUICIDE, ETC. <u>NO</u>	
30. PLACE OF INJURY <u>Los Molinos, Calif.</u>		31. INJURY AT WORK <u>NO</u>		32A. DATE OF INJURY—MONTH, DAY, YEAR <u>3/10/82</u>		32B. HOUR <u>1230</u>	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <u>Los Molinos, Calif.</u>		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <u>NO</u>		35. CORONER'S SIGNATURE AND DEGREE OR TITLE <u>FLOYD A. HICKS</u>		35C. DATE SIGNED <u>MAR 15 1982</u>	
36. DISPOSITION <u>Cremation</u>		37. DATE—MONTH, DAY, YEAR <u>March 15, 1982</u>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>Sac Mem Lawn/6100 Stockton Bl./Sacramento</u>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <u>n/a</u>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <u>Neptune Society - 1335</u>		41. LOCAL REGISTRAR'S SIGNATURE <u>Steph P. Hart</u>		42. DATE ACCEPTED BY LOCAL REGISTRAR <u>MAR 15 1982</u>		43. STATE REGISTRAR'S SIGNATURE <u>FLOYD A. HICKS</u>	

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 M33, of Deeds on page 19992.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by Pam Smith deputy