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Vol. M84 Page 7639

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 4000 1331
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
GERALDINE	MAE	WHITFORD	December 29,1982	1100

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR MONTHS / DAYS / IF UNDER 24 HOURS HOURS / MINUTES)
Female	White	American	July 4,1919	63

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
MI	William Smith - PA	Mary Ann Unknown - PA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	376-12-9932	Married	Walter W. Whitford

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Housewife	Adult Life	Self Employed	Own Home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
140 So. Dolliver, Space 99		Pismo Beach

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Luis Obispo	CA	Walter W. Whitford - Spouse 140 So. Dolliver, Space 99 Pismo Beach, CA 93449

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Arroyo Grande Community Hospital	San Luis Obispo

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
345 So. Halcyon Road	Arroyo Grande

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE
(A) Hearbe Failure — months
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF
(B) Lacunes Cerebrosis — yrs
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? No

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — 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.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
11/1/75	12/29/82	Michael K. Payne MD	12/30/82	A25359

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Michael K. Payne, M.D. 1020 Grand Ave. Arroyo Grande, CA

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 OCURRED 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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	Dec. 31, 1982	Chapel of the Roses, Atascadero, CA	Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR	42. DATE ACCEPTED BY LOCAL REGISTRAR
Wood-Voakes Mortuary - 465	Health Officer	de December 30, 1982

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

VS-11 (10-78)

DOC. NO 1550
OFFICIAL RECORDS
SAN LUIS OBISPO CO., CAL
JAN 12 1983
FRANCIS M. COONEY
County Clerk-Recorder
TIME
11:50 AM
VOL 127 PAGE 255

This is a true and correct copy of the record if it bears an embossed seal and is printed in purple ink.
Francis M. Cooney, Clerk-Recorder
APR 25 1984
By Donna Underwood Deputy
San Luis Obispo County, California

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 7th day of May A.D., 19 84 at 4:14 o'clock P M, and duly recorded in Vol M84 of Deeds on page 7639.

Fee: $ 4.00

Return
Clark & Johnson
ATTORNEYS AT LAW
230 NORTH 9TH STREET
P.O. BOX 406
GROVER CITY, CALIFORNIA 93433

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Ck 4.00