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84-12450CERTIFICATE OF DEATH Vol. M84 Page 16629
4000 500 4/1 2 00

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST THELMA		1B. MIDDLE PEARL		1C. LAST SMITH		2A. DATE OF DEATH (MONTH, DAY, YEAR) MAY 10, 1984		2B. HOUR 0306	
3. SEX FEMALE		4. RACE/ETHNICITY WHITE		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH OCTOBER 3, 1915		7. AGE 68	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) WEST VIRGINIA		9. NAME AND BIRTHPLACE OF FATHER CHARLES JACOB FISHER - WEST VIRGINIA		10. BIRTH NAME AND BIRTHPLACE OF MOTHER MARY ADA CLINE OHIO		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 562-32-6983	
13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) JOHN SMITH		15. PRIMARY OCCUPATION HOMEMAKER		16. NUMBER OF YEARS THIS OCCUPATION ADULT LIFE		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) SELF	
18. KIND OF INDUSTRY OR BUSINESS OWN HOME		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 382 SOUTH HALCYON ROAD		19B. CITY OR TOWN ARROYO GRANDE		19C. COUNTY SAN LUIS OBISPO		19D. STATE CALIFORNIA	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP JOHN SMITH, HUSBAND		21A. PLACE OF DEATH ARROYO GRANDE COMMUNITY HOSPITAL		21B. COUNTY SAN LUIS OBISPO		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 345 SOUTH HALCYON ROAD		21D. CITY OR TOWN ARROYO GRANDE	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiogenic SHOCK DUE TO, OR AS A CONSEQUENCE OF (B) Acute MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF (C) ATHEROSCLEROTIC HEART DISEASE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH NO		24. WAS DEATH REPORTED TO CORONER? NO		25. WAS BIOPSY PERFORMED? NO		26. WAS AUTOPSY PERFORMED? NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. OF YR.) 6/1/84		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Michael Payne M.D.		28C. DATE SIGNED 5-10-1984		28D. PHYSICIAN'S LICENSE NUMBER A - 25359	
29. SPECIFY ACCIDENT, SUICIDE, ETC. 6/1/84		30. PLACE OF INJURY 5/10/84		31. INJURY AT WORK P.O. BOX 870		32A. DATE OF INJURY—MONTH, DAY, YEAR ARROYO GRANDE, CALIFORNIA 93420		32B. HOUR 93420	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) ARROYO GRANDE CEMETERY		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) HEALTH OFFICER		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) HEALTH OFFICER		35B. CORONER—SIGNATURE AND DEGREE OR TITLE HEALTH OFFICER		35C. DATE SIGNED May 11, 1984	
36. DISPOSITION BURIAL		37. DATE—MONTH, DAY, YEAR MAY 15, 1984		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY ARROYO GRANDE CEMETERY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 5789		40. DATE ACCEPTED May 11, 1984	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) SUNSET FUNERAL CHAPEL		40B. LICENSE NO. 985		41. SIGNATURE OF FUNERAL DIRECTOR HEALTH OFFICER		42. DATE OF DEATH May 11, 1984		43. SIGNATURE OF DEPUTY REGISTER HEALTH OFFICER	
44. STATE REGISTRAR A.		45. STATE REGISTRAR B.		46. STATE REGISTRAR C.		47. STATE REGISTRAR D.		48. STATE REGISTRAR E.	

VS-11 (6-82)

Jackson County, Oregon
Recorded
OFFICIAL RECORDS

10:41 JUL 3 1 1984 A.M.

KATHLEEN S. BECKETT
CLERK and RECORDERBy Heath Officer Deputy

This is to certify that this is a full, true and correct copy of the record on file in this office and that the same has been carefully compared.

County of
San Luis Obispo
Health Department
5/23/1984 by Heath Officer
Deputy RegisterSTATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 25th day of September A.D., 1984 at 2:35 o'clock P M, and duly recorded in Vol M84 of Deeds on page 16629.

Fee: \$ 4.00 Index: \$1.00

DENMAN & COONEY
ATTORNEYS AT LAW
220 LAUREL STREET
P. O. BOX 4607
MEDFORD, OREGON 97501

EVELYN BIEHN, COUNTY CLERK

by: Heath Officer, Deputy