43261

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 4000 265

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
LOIS	LUELLA	MARTIN

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
MARCH 14, 1983	2345

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
FEMALE	WHITE	NO	JANUARY 31, 1920

7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
63 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CALIFORNIA	EDWIN ARTHUR ABBOTT - KANSAS	NOLA BEATRICE TRIPPLETT-TEXAS

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.	571-26-7635	WIDOWED	—

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
BOOKKEEPER	22	SELF	AUTOMOBILE REPAIR SHOP

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
765 MESA VIEW DRIVE, SPACE		ARROYO GRANDE

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
SAN LUIS OBISPO	CALIFORNIA	SHARRON CARNES, DAUGHTER 765 MESA VIEW DRIVE, SPACE 175 ARROYO GRANDE, CALIFORNIA 93420

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
FRENCH HOSPITAL	SAN LUIS OBISPO	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
1911 JOHNSON AVENUE	SAN LUIS OBISPO	

CAUSE OF DEATH

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Myocerebral infarction	3hr
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) DUE TO, OR AS A CONSEQUENCE OF	Coronary heart disease	
(C) DUE TO, OR AS A CONSEQUENCE OF		

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

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Diabetes, anemia

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO — 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.)	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
3/82	3/14/83	William L Shepard MD	3-15-1983	A 29486

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: WILLIAM L. SHEPARD, M.D. 1911 JOHNSON AVENUE SAN LUIS OBISPO, CALIFORNIA 93401

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 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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
BURIAL	MAR. 18, 1983	ARROYO GRANDE CEMETERY-ARROYO GRANDE, CA.	5789

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE AND DATE	42. DATE ACCEPTED BY LOCAL REGISTRAR
SUNSET FUNERAL CHAPEL	985	Health Officer	MAR 17 1983

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

VS-11 (6-82)

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.

SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

May 26, 1983 By M. Brand Deputy Registrar

Health Officer

CK 5.00

Ret. To:
Wm. Brandsness
411 Pine St.
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 16th day of November A.D., 1984 at 10:09 o'clock A M, and duly recorded in Vol M84, of Deeds on page 19391.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: _____, Deputy