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84 NOV 30 PM 2 24 Vol. 184 Page 20166

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that
this is a true copy of
the document filed in
this office, if validated
on the reverse.

THESE NAME, ADDRESS
AND PHONE NUMBER OF HEALTH SERVICE
AND PHONE NUMBER OF VITAL STATISTICS

State of Health Chief
Vital Statistics Branch

NOV 19 1984

DECEDENT PERSONAL DATA		PLACE OF DEATH		USUAL RESIDENCE		PHYSICIAN'S OR CORONER'S CERTIFICATION		FUNERAL DIRECTOR AND LOCAL REGISTRAR		CAUSE OF DEATH		INJURY INFORMATION		STATE REGISTRAR	
1. SEX Female	2. RACE White	3. BIRTHPLACE AND YEAR Texas	4. DATE OF BIRTH July 19, 1932	5. AGE 50	6. MARITAL STATUS Married	7. NAME AND BIRTHPLACE OF FATHER William Bender - Texas	8. NAME AND BIRTHPLACE OF MOTHER Jessie McFarland - Texas	9. NAME OF SURVIVING SPOUSE James H. Moo	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. SOCIAL SECURITY NUMBER 601-03-4560	12. LAST OCCUPATION Housewife	13. TYPE OF DEATH 35 yrs. At Home	14. STREET ADDRESS—STREET AND NUMBER OR LOCATION 249 Verano Drive #4	15. CITY OR TOWN Santa Barbara	16. COUNTY Santa Barbara
17. KIND OF INDUSTRY OR BUSINESS —		18. NAME AND MAILING ADDRESS OF INFORMANT Mr. James H. Moo 249 Verano Drive #4 Santa Barbara, CA		19. DATE SIGNED 2/15/73		20. SIGNATURE OF CORONER John Carpenter, Coroner Santa Barbara, CA		21. SIGNATURE OF FUNERAL DIRECTOR Isleta Valley Mortuary		22. DATE 2/15/73		23. NAME OF CEMETERY OR CREMATORY Grand View Crematory		24. EMBALMER—SIGNATURE Not Embalmed	
25. PART I. DEATH WAS CAUSED BY: (A) Massive intestinal infarction (B) Due to or as a consequence of (C) Due to or as a consequence of		26. PART II. OTHER SIGNIFICANT CONDITIONS—REPORTING TO THE DEPARTMENT OF HEALTH SERVICES		27. LOCAL REGISTRAR—SIGNATURE Joseph T. [Signature]		28. DATE OF DEATH Feb. 15, 1973		29. HOUR Yea		30. PLACE OF INJURY Yea		31. PLACE OF INJURY Yea		32. DATE OF INJURY Yea	
33. SPECIFY AGENT OF INJURY OR DISEASE		34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		36. DATE OF INJURY		37. HOUR		38. PLACE OF INJURY		39. DATE OF INJURY		40. DESCRIBE HOW INJURY OCCURRED	

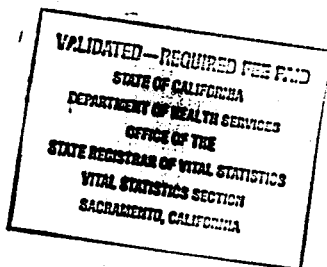
BOOK 99 PAGE 307

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STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for
record on the 30th day of November A.D., 19 84 at 2:24 o'clock P M,
and duly recorded in Vol M84, of Deeds on page 20166.

Ret: Sierra Const. 438 Sycamore Rd.
Santa Monica, Ca. 90402

EVELYN BIEHN, COUNTY CLERK
by: [Signature], Deputy

Fee: \$ 9.00