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Vol. M85 Page 2143

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 3000 12081
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Frances	Jeanne	Thompson	December 31, 1983	1445

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)
Female	White	M	October 12, 1921	62 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Missouri	U.S.A.	Ima R. Cole-South Dakota

9. BIRTHPLACE OF FATHER	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
John F. Thomason-Missouri	497-12-8592	Married	Kenneth F. Thompson

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

19A. USUAL RESIDENCE (STREET, APARTMENT NO., CITY OR LOCATION)	19B.	19C. CITY OR TOWN
240 West Glenwood		Fullerton

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Orange	California	Kenneth F. Thompson-Husband
21A. PLACE OF DEATH	21B. COUNTY	240 West Glenwood
St. Jude Hospital	Orange	Fullerton, CA. 92632
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
101 E. Valencia Mesa Dr.	Fullerton	

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) Carcinomatosis		3 mo
(B) due to, or as a consequence of: Colon Carcinoma w/ Liver		3 yrs
(C)		

22A. WAS DEATH REPORTED TO CORONER?	22B. WAS BIOPSY PERFORMED?	22C. WAS AUTOPSY PERFORMED?
No	Yes	No

23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None.

24. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? YES. TYPE OF OPERATION: Mastectomy. DATE: 1-25-81

25A. LENGTH OF ILLNESS (DATE DEATH OCCURRED AT THE NO. 8 ENTER THE PLACE STATED FROM THE CAUSE STATED ENTER MONTH, DAY, YEAR)	25B. PHYSICIAN—SIGNATURE AND SIGNATURE OF TITLE	25C. DATE SIGNED	25D. PHYSICIAN'S LICENSE NUMBER
2-16-81 to 12-26-83	Richard D Angros MD	1-4-84	A 19086

25E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard Angros M.D. 433 W. Bastanchury Rd. Fullerton, Ca.

26. SPECIFY WHETHER SUICIDE, ACCIDENT, OR HOMICIDE	27. PLACE OF INJURY	28. INJURY AT WORK	29A. DATE OF INJURY—MONTH, DAY, YEAR	29B. HOUR

30. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

32A. I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW & HAVE HELD AN (INQUEST/INVESTIGATION)	32B. CORONER—SIGNATURE AND DEPUTATION TITLE	32C. DATE SIGNED

33. DISPOSITION	34. DATE—MONTH, DAY, YEAR	35. NAME AND ADDRESS OF CEMETERY OR CREMATORY	36. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Jan 4 1984	Queen of Heaven Cemetery-Rowland Heights, CA	6303 William H McAulay

37. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	37A. LICENSE NO.	38. LOCAL REGISTRAR—SIGNATURE	39. DATE ACCEPTED BY LOCAL REGISTRAR
McAulay & Wallace Mortuary	F-190	L. Reg. Ehlers, A.S.	JAN 4 1984

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

VS-11 (REV. 4/83)

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 11th day of February A.D., 19 85 at 11:59 o'clock A M, and duly recorded in Vol M85 of Deeds on page 2143

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Fee: $ 5.00

Ret:
LAW OFFICES
SIKORA AND PRICE
INCORPORATED
24310 MCULTON PARKWAY, SUITE R
LAGUNA HILLS, CALIFORNIA 92653

CK 5.00