

46533

AFTER RECORDING RETURN TO:

MOUNTAIN TITLE CO. INC.

407 Main, Klamath Falls, OR 97601

Vol. M85 Page

3278

MTC#145502

3000 06464

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR
Raymond		Laurence	Archison		July 8, 1984   2025
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
Male	White	NO	December 4, 1897		86 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Nebraska		(Unknown) Atchison, Unknown		(Unknown) Hendor, Unknown	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
U.S.A.		549-07-1874		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER IF SELF-EMPLOYED, SO STATE	
Carpenter		40		Self	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		
483 E. 20th Street			Costa Mesa		
19D. COUNTY			19E. STATE		
Orange			CA		
21A. PLACE OF DEATH			21B. COUNTY		
Royale Convalescent Home			Orange		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		
1030 W. Warner			Santa Ana		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.					
(A) CEREBROVASCULAR ACCIDENT					
DUE TO, OR AS A CONSEQUENCE OF					
(B) CEREBRAL ATHEROSCLEROSIS					
DUE TO, OR AS A CONSEQUENCE OF					
(C) 22					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
ORGANIC BRAIN SYNDROME CANCER OF LARYNX					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
NO					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED   28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		1919 North Fairview, Suite #304	
11/1/83		6/22/84		Gordon Glasgow, M.D. Santa Ana, CA	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		32C. DATE SIGNED	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
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-INVIGATION)		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	
Cremation		July 12, 1984		Pacific View Mem.Pk., Newport Beach, CA	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Not Embalmed		Not Embalmed			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
Pacific View Memorial Park		F1176		J. R. L. Elling, M.D.	
42. DATE ACCEPTED BY LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR			
JUL 11 1984		JUL 11 1984			
STATE REGISTRAR		STATE REGISTRAR			

VS-11 (7-83)

87804-449 8-83 400M DUP O OEP

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 5th day of March A.D., 19 85 at 3:46 o'clock P M, and duly recorded in Vol M85, of Deeds on page 3278.

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, DeputyFee: \$ 5.00

Fee: \$4.00  
 No Fee Veterans Burial  
 JUL 12 1984  
 Health Officer and Local Registrar of Births and Deaths of Orange County  
 Santa Ana, California