48143

CERTIFICATE OF DEATH

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STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Theodore	Franklin	Brown	February 13, 1985	2055

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES)
Male	Cauc.	NO	March 15, 1904	80

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Washington	Frank Brown - Unknown	Edith Beatty-Unknown

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19 — TO 19 —	552-09-4860	Married	Velma Galletly

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Parts Salesman	20+yrs	Shasta Auto Supply	Auto Parts Retail

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
5315 Woodside Dr.		Mt. Shasta

19D. COUNTY	19E. STATE
Siskiyou	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Weed Convalescent Hospital	Siskiyou	Velma Brown-Wife 5315 Woodside Dr. Mt.Shasta,California 96067
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
445 Park Ave.	Weed	

CAUSE OF DEATH

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) Pneumonia — DUE TO, OR AS A CONSEQUENCE OF
(B) Chronic Dementia — DUE TO, OR AS A CONSEQUENCE OF
(C)

IMMEDIATE CAUSE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3d

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Emphysema

24. WAS DEATH REPORTED TO CORONER? no

25. WAS BIOPSY PERFORMED? no

26. WAS AUTOPSY PERFORMED? no

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
2-13-74	2-12-85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED: 2/15/85

28D. PHYSICIAN'S LICENSE NUMBER: A23579

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: R.K.Howe,M.D.908 Pine St,Mt.Shasta,Calif.

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: none — DATE

S5001825

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	2/18/85	Mt.Shasta MemorialPk,Mt.Shasta,Ca.	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Mt.ShastaMemorial Chapel	156	P.K.Bley by L.Stone	FEB 20 1985

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

VS-11 (1-85)

29-644

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF SISKIYOU RECORDER'S OFFICE IF IT BEARS THIS SEAL IN PURPLE INK.

2-21-85

P. K. BLEY, COUNTY RECORDER
FOR THE COUNTY OF SISKIYOU

BY Diane L. Masters, Deputy

Cert 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 25th day of April A.D., 19 85 at 4:30 o'clock P M, and duly recorded in Vol M85 of Deeds on page 6027

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deput

Return: Velma Brown 5315 WOODSIDE Drive Mt. Shasta, Calif. 96067