51410

'85 JUL 25 PM 12 05

Vol. M85 Page 11731

8000

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: MAURINE	1B. MIDDLE: PURSELL	1C. LAST: TAYLOR	2A. DATE OF DEATH (MONTH, DAY, YEAR): June 21, 1985 / 2B. HOUR: 2230
3. SEX: Female	4. RACE/ETHNICITY: Cauc.	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH: February 3, 1914
7. AGE: 71 YEARS / IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Pinckneyville, Ill	9. NAME AND BIRTHPLACE OF FATHER: John L. Pursell - Illinois		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Ethel M. Wilkinson - Illinois
11A. CITIZEN OF WHAT COUNTRY: U.S.A.	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 — TO 19 —	12. SOCIAL SECURITY NUMBER: 344-01-9479	13. MARITAL STATUS: Divorced
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): —			
15. PRIMARY OCCUPATION: School Teacher	16. NUMBER OF YEARS THIS OCCUPATION: 30	17. EMPLOYER (IF SELF-EMPLOYED, GIVE NAME AND ADDRESS): School Champaing, Ill. District	18. KIND OF INDUSTRY OR BUSINESS: Education
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3568 Fireway Drive	19B.: 4years		19C. CITY OR TOWN: San Diego
19D. COUNTY: San Diego	19E. STATE: California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Roger Taylor - Son 3568 Fireway Drive San Diego, Ca. 92111	
21A. PLACE OF DEATH: Pomerado Hospital	21B. COUNTY: San Diego		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 15615 Pomerado Road	21D. CITY OR TOWN: Poway		

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

IMMEDIATE CAUSE — (A) Cardiac arrest

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

DUE TO, OR AS A CONSEQUENCE OF — (B) Pulmonary edema

DUE TO, OR AS A CONSEQUENCE OF — (C) Myocardial infarction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No / DATE

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
9/21/83	6/10/85	Mary L. Sanfilippo M.D.	6/25/85	92025

28E. PHYSICIAN'S NAME AND ADDRESS: M. Sanfilippo. MD. 15525 Pomerado Rd. Poway, Ca 92064

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):

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
Cremation	June 27, 1985	Greenwood Mem'l Park, San Diego, Ca. 92112 I-805 & Imperial Ave.	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
Clairemont Mortuary	F-1126	Ronald B. Cornell, M.D.	JUN 27 1985

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

COUNTY OF SAN DIEGO - DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO
DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT
FILED. JUN 28 1985 REGISTRAR OF VITAL STATISTICS
FEE PAID: $4.00
DATE ISSUED: Ronald B. Cornell, M.D.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 25th day of July A.D., 19 85 at 12:05 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 11731.

FEE $5.00

Evelyn Biehn County Clerk

By Pam Smith

Ret: Paul E. Pursell 227 Chocktoot-Box 585, Chiloquin, Oregon 97624