52598 CERTIFICATE OF DEATH STATE OF CALIFORNIA Vol. M85 Page 14253

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
John	Schaefer	Earl	September 29, 1984	1545

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO [X]	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	Cauc/American		February 7, 1932	52 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Minnesota	John Knox Earl - New Jersey	Gertrude Schaefer-Minnesota

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U. S. A.	518-92-7366	Married	Phoebe Souza

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Owner	35 yrs.	North Valley Plaza Chevrom	Chevron Dealer

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
6566 Centerpine Drive		Paradise

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Butte	California	Bea Earl - Wife 6566 Centerpine Drive Paradise, California 95969

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
N. T. Enloe Memorial Hospital	Butte	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
West 5th & Esplanade	Chico	

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) Respiratory Insufficiency	1 week	
DUE TO, OR AS A CONSEQUENCE OF		
(B) Multiple pulmonary metastasis	1 month	
DUE TO, OR AS A CONSEQUENCE OF		
(C) Nasopharyngeal Carcinoma	3 mos.	

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? No

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No — 27B. TYPE OF OPERATION — 27C. DATE

PHYSICIAN'S CERTIFICATION

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
6-29-84	9-27-84	Michael C. Baird	10-1-84	G20847

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Michael Baird M.D., 1702 Esplanade, Chico, CA.

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
Cremation	10-03-1984	Chico Crematory, Chico, California	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR'S SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Hall-Van Hook Funeral Chapel	433	Robert E. Root Jr. R.D.	OCT 3 1984

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

VS-11 (7-83) 87604-449 8-83 400M: DUP ⊙ GSP

CERTIFICATION STATEMENT

This is to certify that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

BUTTE COUNTY REGISTRAR OF VITAL STATISTICS

Robert E. Root Jr. R.D.

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

BUTTE COUNTY HEALTH DEPARTMENT

18-8 County Center Drive

Oroville, California 95965

PLACE OF CERTIFICATION

OCT 04 1984

DATE OF CERTIFICATION

After recording return to:

Raymond L. Sandelman
Attorney at Law
P.O. Box 658
Chico, CA 95927

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of September A.D., 19 85 at 9:32 o'clock A M., and duly recorded in Vol. M85, the 6th day of Deeds on Page 14253.

FEE $5.00

Evelyn Biehn, County Clerk

By