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53757

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

1500 0499
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
RUTH	MASON	HILBOURNE	February 26, 1983	1130

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)
Female	White		July 21, 1901	81 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
California	Stephen Mason California	Lura A. Sanders 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.	560 26 3907	Married	Gilbert M. Hilbourne

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Staff Member	12	World Literature Crusade	Missionary Organization

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
14001 Sierra Way Sp. 218	KV-52	Kernville

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Kern	California	Gilbert Hilbourne, Husband 14001 Sierra Way Sp. 218 Kernville, Ca.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Bakersfield Community Hospital	Kern
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
901 Olive Drive	Bakersfield

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) CEREBRAL ISCHEMIA — 24 HRS

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

DUE TO, OR AS A CONSEQUENCE OF — (B) CARDIO PULMONARY ARREST — 24 HRS.

DUE TO, OR AS A CONSEQUENCE OF — (C)

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 CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

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

PHYSICIAN'S CERTIFICATION

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
	Guy G. Shaw M.D.	Feb 27 '83	G16634 (CA)

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS
2-26-83	2-26-83	Guy G. Shaw, M.D., 2110 Truxtun Ave. Bakersfield, 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	Mar. 1, 1983	Los Angeles, Ca. Rosedale Crematory, 1831 W. Washington Blvd.	Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE RECEIVED BY LOCAL REGISTRAR
Pierce-Hamrock Mortuary F-1028	Leon M. Hebertson, M.D.	FEB 28 1983

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

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DOCUMENT ON FILE IN THIS OFFICE.

LEON M HEBERTSON, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

MAR 9 1983

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

$5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 26th day of September A.D., 19 85 at 11:32 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 15624.

Evelyn Biehn County Clerk

FEE $5.00 By _____

Ret: Dave & Wanda MacPherson Box 44 Monticello, Utah 84535