61996

STATE FILE NUMBER 21 - DR 2 21

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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4700-89

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: CHARLOTTE
1B. MIDDLE: ANN
1C. LAST: RAJNUS
2A. DATE OF DEATH (MONTH, DAY, YEAR): April 10, 1984
2B. HOUR: 7:00 P.M.
3. SEX: Female
4. RACE/ETHNICITY: White
5. SPANISH/HISPANIC: NO
6. DATE OF BIRTH: May 18, 1956
7. AGE: 27 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California
9. NAME AND BIRTHPLACE OF FATHER: Marion Hastings California
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Shirley Ridgeway, Calif.
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 550-02-3797
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Steve E. Rajnus
15. PRIMARY OCCUPATION: Homemaker
16. NUMBER OF YEARS THIS OCCUPATION: 9
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): -
18. KIND OF INDUSTRY OR BUSINESS: -

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): Rt. 1, Box 347
19B.
19C. CITY OR TOWN: Bonanza
19D. COUNTY: Klamath
19E. STATE: Oregon

PLACE OF DEATH

21A. PLACE OF DEATH: Hwy. 139 & Golden Rd., 1 M. No. Tulelake
21B. COUNTY: Siskiyou
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): Hwy. 139 & Golden Rd.
21D. CITY OR TOWN: Tulelake

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Steve E. Rajnus, Husband
Rt. 1, Box 347
Bonanza, Oregon 97623

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C.)
IMMEDIATE CAUSE
(A) Massive Basilar Skull Fracture with Contusion of Brain Stem — Instantaneous
(B)
(C)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS AUTOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes

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 NO. DA. YR.) / I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.)
28B. PHYSICIAN—SIGN BLOCK AND DEGREE OR TITLE: Robert E. Jamison M.D.
28C. DATE SIGNED: 4/11/84
28D. PHYSICIAN'S LICENSE NUMBER: 13781 (Oregon)
28E. TYPE PHYSICIAN'S NAME AND ADDRESS
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.: Accident
30. PLACE OF INJURY: Hwy. 139 & Golden Rd.
31. INJURY AT WORK: No
32A. DATE OF INJURY—MONTH, DAY, YEAR: April 10, 1984
32B. HOUR: 7:00 P.M.
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): 1 Mi. North Tulelake, Hwy. 139.
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): Single automobile accident

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED 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: LE TAYLOR Capt. CORONER
35C. DATE SIGNED: 4-17-84

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: April 14, 1984
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Malin Community Cemetery, Malin, Ore.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not embalmed in Calif. Ore. 016
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): O'Hair's Funeral Chapel, Inc.
40B. LICENSE NO.: Ore. 016
41. LOCAL REGISTRAR—SIGNATURE: P.K. Bley by B. Stone
42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 17 1984

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

VS-11 (6-82)

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29-354

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 29 of Reg. Death Page 354 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 17th day of April 19 84

3066

Fee: $4.00 Paid

, Recorder

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 30th day of May A.D., 19 86
at 2:24 o'clock P M. and duly recorded
in Vol. M86 of Deeds Page 9391.
Evelyn Biehn, County Clerk
By

Fee, $5.00

Deputy.