STATE OF CALIFORNIA
County of Shasta

62635

Vol. M86 Page 10494

I, MARJORIE A. KIVLEY, County Recorder in and 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 38 of DEATH RECORDS page 35

COUNTY RECORDER
Marjorie A. Kivley
Redding, Ca. 96001
SHASTA CO. CALIF.

IN TESTIMONY WHEREOF, I have hereunto set my hand and set my Official Seal this 6 day of June, A.D., 19 86

SEAL
MUST BE PURPLE TO BE VALID
SEAL MUST BE EMBOSSED

Marjorie A Kivley, Recorder
By C W Easley, Deputy Recorder
K-32616

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4500 0956 PAGE 35

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA
1a. NAME OF DECEDENT—First: LaVena; 1b. Middle: Virgie; 1c. Last: Call
2. SEX: Female; 3. RACE: Cauc.
4. ETHNICITY: American
5. BIRTHPLACE OF DECEDENT (State or Foreign Country): Oregon
6. DATE OF BIRTH: August 3, 1915
7. AGE: 67
8. CITIZEN OF WHAT COUNTRY: U.S.A.
9. SOCIAL SECURITY NUMBER: 544-09-6239
10. USUAL OCCUPATION: Home Maker
11. KIND OF BUSINESS/INDUSTRY: Adult Life
12. MARITAL STATUS: Married
13. SURVIVING SPOUSE (If wife, give maiden name): Elroy Call
14. MOTHER'S MAIDEN NAME AND BIRTHPLACE: Nannie Kincade, Okla.
15. FATHER'S NAME: L. L. Arnett, Kansas

USUAL RESIDENCE
16A. Usual residence (Street and number or location): 3345 Old Alturas Road
16B. County: Shasta
16C. City or Town: Redding
16D. State: California

PLACE OF DEATH
17A. Place of death: Memorial Hospital
17B. County: Shasta
17C. City or Town: Redding
17D. Street address (Street and number or location): 1450 Liberty Street

18. NAME AND ADDRESS OF INFORMANT: Elroy Call - Husband, 3345 Old Alturas Road, Redding, Calif. 96003

CAUSE OF DEATH
19. DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, and C.)
Immediate cause (A): Atherosclerotic Cardiovascular Disease
(B):
(C):
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.
20. Other significant conditions contributing but not related to the immediate cause of death
Approximate interval between onset and death
21. Was death reported to Coroner? Yes
22. Was autopsy performed? No
23. Was autopsy performed? Yes

PHYSICIAN'S CERTIFICATION
24A. I certify that death occurred at the hour, date and place stated from the causes stated.
24B. Physician—Signature and degree or title
24C. Date signed
24D. Physician's license number
24E. Type physician's name and address
25. Was operation performed for any condition in items 19 or 20? Date
26. Type of operation

INJURY INFORMATION
27. Specify accident, suicide, etc.
28. Place of injury
29. Location (street and number or location and city or town)
30. Injury at work
31A. Date of injury—Month, Day, Year
31B. Hour
32. Describe how injury occurred (Events which resulted in injury)

CORONER'S USE ONLY
33A. I certify that death occurred at the hour, date and place stated from the causes stated. As disclosed by law I have held an (Inquest-Investigation)
33B. Coroner—Signature and degree or title: Joseph W. Toth
33C. Date signed: Coroner 11-2-82

34. Disposition: Burial
35. Date—Month, Day, Year: Nov. 4, 1982
36. Name and address of cemetery or crematory: Eternal Hills Cemetery, Klamath Falls, Oregon
37. Name of funeral director (or person acting as such): McDonald's Chapel, Redding, Ca.
38. License number: 5887
39. Signature and address of embalmer: Linda L. Allen Dep. Registrar
40. Date accepted by local registrar: NOV 2 1982

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

VS-11 (10-79)

Return to: Klamath Co. Title Co.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of June of A.D., 19 86 at 11:46 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 10494 the 17th day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Sue Gill