

67804

CERTIFICATE OF DEATH

Vol. M80 Page 20127

03-86-12

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
RICHARD		RENE		McCAIN	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Male		White/American		December 14, 1931	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
WI		William McCain - WI		August 6, 1986	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
USA		1951 TO 1955		541-34-6705	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Appliance Technic.		27		Montgomery Wards	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		18. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
3248 Halfway Ave				Mary Schuler	
1ED. COUNTY		19E. STATE		19C. CITY OR TOWN	
Humboldt		CA		McKinleyville	
21A. PLACE OF DEATH		21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Mad River Hopital		Humboldt		Mary McCain Spouse	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		3248 Halfway Ave	
3800 Janes Road		Arcata		McKinleyville, CA 95521	
22. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
(A) Cardiorespiratory Arrest		Recent acute myocardial infarction x2		No	
(B) Coronary artery disease				25. WAS BIOPSY PERFORMED?	
(C) DUE TO, OR AS A CONSEQUENCE OF				No	
26. TYPE PHYSICIAN'S NAME AND ADDRESS		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
Patrick J. Dawson, M.D., 2288 Central Ave., McKinleyville, CA		Cardiac cath x2		5/86 and 7/86	
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. PHYSICIAN'S LICENSE NUMBER	
8-6-86		8-6-86		A-38948	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		32A. DATE OF INJURY—MONTH, DAY, YEAR	
				32B. HOUR	
				CA	
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	
Burial		8/11/86		Greenwood Cemetery, Arcata CA	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
Chapel of the Ferns, Cooper		F-584		Paul W. Anderson	
42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE ACCEPTED BY LOCAL REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRAR	
AUG - 8 1986					
STATE REGISTRAR		A		B	
C		D		E	
F					

CERTIFICATION STATEMENT

This is to certify that the above is a true copy of facts recorded on the death record of the above named decedent as registered in this office.

SIGNATURE OF CERTIFYING OFFICIAL

OFFICIAL TITLE

PLACE OF CERTIFICATION

Paul W. Anderson

Health Officer

Eureka, California 95501

DEPUTY REGISTRAR:

DATE OF CERTIFICATION: AUG - 8 1986

Humboldt-Del Norte County Health Department
Vital Statistics Registration

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of November _____ A.D., 19 86 at 8:58 o'clock A M., and duly recorded in Vol. M86
of Deeds _____ on Page 20127

FEE \$5.00

Ret: Davis, McClendon, Poovey
Anderson & Morrison, Inc.

Evelyn Biehn, County Clerk
By _____
937 Sixth St., Eureka, Calif. 95501