'86 DEC 11 PM 3 07

69218

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M86 Page 22871
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST: ESTELLA
1B. MIDDLE: MAY
1C. LAST: RINEHART
2A. DATE OF DEATH (MONTH, DAY, YEAR): Nov.2,1986
2B. HOUR: 0130
3. SEX: Female
4. RACE/ETHNICITY: White
5. SPANISH/HISPANIC: NO [N]
6. DATE OF BIRTH: June 12,1906
7. AGE: 80 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): WI
9. NAME AND BIRTHPLACE OF FATHER: Ralph Luscombe Unknown
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Nellie Adams Unknown
11A. CITIZEN OF WHAT COUNTRY: U.S.A.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 -- TO 19 --
12. SOCIAL SECURITY NUMBER: 541-09-8953
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Roy C. Rinehart - husband
15. PRIMARY OCCUPATION: Homemaker
16. NUMBER OF YEARS THIS OCCUPATION: 61
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): self-employed
18. KIND OF INDUSTRY OR BUSINESS: Homemaking
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3339 Crest Street
19B.
19C. CITY OR TOWN: Klamath Falls
19D. COUNTY: Klamath
19E. STATE: Oregon
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Roy C. Rinehart - husband, 3339 Crest Street, Klamath Falls, Oregon
21A. PLACE OF DEATH: Pomerado Hospital
21B. COUNTY: San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 15615 Pomerado Road
21D. CITY OR TOWN: Poway

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Calcific Aortic Stenosis — unknown
DUE TO, OR AS A CONSEQUENCE OF (B) None
DUE TO, OR AS A CONSEQUENCE OF (C) None
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: None DATE
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Pulmonary embolism
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.): 10/20/86
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 11/1/86
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: W David Westinghouse Jr
28C. DATE SIGNED: 3 Nov 86
28D. PHYSICIAN'S LICENSE NUMBER: G 24168
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: W. David Westinghouse Jr. M.D. 15644 Pomerado Road Poway, CA 92064
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)
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: Burial
37. DATE—MONTH, DAY, YEAR: Nov. 5, 1986
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Eternal Hills Memorial Park, 4711 Highway 39, Klamath Falls, Oregon
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6915 Stuart Comm
40A. NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Poway-Bernardo Mortuary
40B. LICENSE NO.: F1195
41. LOCAL REGISTRAR—SIGNATURE: Donald L. Conard, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: NOV 03 1986
STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (1-85)

COUNTY OF SAN DIEGO - DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT
FILED.
FEE PAID: $5.00
DATE ISSUED: NOV 4, 1986
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 11th day of December A.D., 19 86 at 3:07 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 22871.

Evelyn Biehn, County Clerk
By _____

FEE $5.00
Return: Glen Rinehart 332 Front St., Klamath Falls, Oregon 97601