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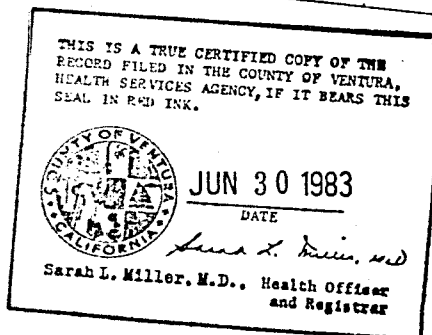
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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5600

1684

1A. NAME OF DECEDENT—FIRST SALLY		1B. MIDDLE ANN		1C. LAST HEINZE		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 5600 1684	
3. SEX Female		4. RACE White		5. ETHNICITY Not Stated		2A. DATE OF DEATH (MONTH, DAY, YEAR) July 23, 1980	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Harris Gregory - Oregon		6. DATE OF BIRTH November 19, 1934		7. AGE 45 YEARS	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 565-40-9643		13. MARITAL STATUS Married		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Myrtle Backlund - Washington	
15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION 29		17. EMPLOYED (IF SELF-EMPLOYED, SO STATE) Self-employed		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Jimmie L. Heinze	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 550 Talbert Street		19B. CITY Ventura		19C. STATE California		18. KIND OF INDUSTRY OR BUSINESS At Home	
21A. PLACE OF DEATH Simi Valley Adventist Hospital		21B. COUNTY Ventura		21C. CITY OR TOWN Simi Valley		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mr. Jimmie L. Heinze - Husband 550 Talbert Street Simi Valley, California 93065	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Cerebellar Hemorrhage		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER? YES 801-80		25. WAS BIOPSY PERFORMED? NO	
26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO		28. DATE SIGNED 7-23-80		28D. PHYSICIAN'S LICENSE NUMBER C31894	
29. SPECIFIC INJURY, ETC. 7-23-80		30. PLACE OF INJURY 1250 LaVente Drive, Westlake Village, California		31. INJURY AT WORK NO		32A. DATE OF INJURY—MONTH, DAY, YEAR 7-23-80	
32B. HOUR 7-23-80		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 1250 LaVente Drive, Westlake Village, California		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE Sarah L. Miller, M.D.	
36. DATE—MONTH, DAY, YEAR July 25, 1980		37. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakwood Memorial Park, Chatsworth, Calif.		38. DATE SIGNED 7-23-80		39. PHYSICIAN'S LICENSE NUMBER AND SIGNATURE Dave Shotenfeld 6768	
40. NAME OF FUNERAL DIRECTOR (NO PERSON ACTING AS SUCH) Reardon Simi Valley Mortuary		41. LOCAL REGISTRAR—SIGNATURE Sarah L. Miller, M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 24 1980		43. STATE REGISTRAR—SIGNATURE 7-23-80	



71118

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jimmie L. Heinze
of June A.D. 19 87 at 8:43 o'clock A.M. and duly recorded in Vol. M87 day
of Deeds on Page 11274

By Evelyn Biehn, County Clerk
Mr. Jimmie Heinze 2112 N. Tracy, Simi Valley, Calif. 93063

FEE \$5.00

Ret: Mr. Jimmie Heinze 2112 N. Tracy, Simi Valley, Calif. 93063