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KCTC-40009

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

4200 76-1674

Section	Field	Entry
DECEDENT PERSONAL DATA	1a. Name of deceased—first name	RICHARD
	1b. Middle name	WILLIAM
	1c. Last name	HALES
	2a. Date of death	October 6, 1976
	2b. Hour	12:25 AM
	3. Sex	Male
	4. Color or race	White
	5. Birthplace	Michigan
	6. Date of birth	July 3, 1930
	7. Age	46 years
	8. Name and birthplace of father	Ray Hales - Michigan
	9. Maiden name and birthplace of mother	Salina Haines - Michigan
	10. Citizen of what country	U.S.A.
	11. Social security number	383-26-9850
	12. Married, never married, widowed, divorced	Married
	13. Name of surviving spouse	Ellen Cotton
	14. Last occupation	Repairman
	15. Number of years in this occupation	2 yrs
	16. Name of last employing company or firm	Motor Home Rental
	17. Kind of industry or business	Motor Home Sales Service
PLACE OF DEATH	18a. Place of death—name of hospital or other in-patient facility	Goleta Valley Community Hospital
	18b. Street address	351 S. Patterson Ave.
	18c. Inside city corporate limits	No
	18d. City or town	Santa Barbara
	18e. County	Santa Barbara
	18f. Length of stay in county of death	12 years
	18g. Length of stay in California	12 years
USUAL RESIDENCE	19a. Usual residence—street address	6241 Guava Ave.
	19b. Inside city corporate limits	No
	19c. City or town	Goleta
	19d. County	Santa Barbara
	19e. State	California
	20. Name and mailing address of informant	Self Before Demise
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. Coroner	
	21b. Physician — attended deceased from / last saw alive /	6/17/75 · 10/5/75 · 10/5/76
	21c. Physician or coroner signature	Alex A. Houlton
	21d. Date signed	10/8/76
	21e. Address	5333 Hollister Ave
	21f. License number	G19852
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. Specify burial, entombment or cremation	Cremation
	22b. Date	10-8-76
	23. Name of cemetery or crematory	Grand View Crematory
	24. Embalmer—signature	Not Embalmed
	25. Name of funeral director	McDermott-Crockett
	26.	No
	27. Local registrar—signature	Lawrence Hart MD
	28. Date accepted for registration by local registrar	October 11, 1976
CAUSE OF DEATH	29. Part I. Death was caused by: Immediate cause (A)	Gastro intestinal Bleeding — 24 hr
	Due to, or as a consequence of (B)	Metastatic adenocarcinoma, primary unknown — 15 mos
	Due to, or as a consequence of (C)	
	30. Part II. Other significant conditions	
	31. Was operation or biopsy performed	Yes, lymph node bx
	32a. Autopsy	No
	32b.	No
INJURY INFORMATION	33. Specify accident, suicide or homicide	
	34. Place of injury	
	35. Injury at work	
	36a. Date of injury	
	36b. Hour	
	37a. Place of injury	
	37b.	
	38.	
	39.	
	40. Describe how injury occurred	
STATE REGISTRAR	A / B / C / D / E / F	

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After recording return to:
Gregory & Ellen Hales
Rt. 1 Box 463
Bismarck, Ark 71929

This is a true certified copy of the original document on file or of record in my office. It bears the seal and signature, imprinted in purple ink, of the County Clerk-Recorder.

COUNTY CLERK-RECORDER, SANTA BARBARA COUNTY, CALIFORNIA

DATE: DEC 0 8 1987

COUNTY CLERK-RECORDER * SANTA BARBARA CO. CALIF.

CAUTION
EXPOSURE TO HEAT
OR SUNLIGHT WILL
DESTROY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 10th day of December A.D., 19 87 at 11:07 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 22148.

Evelyn Biehn, County Clerk

By Pam Smith

FEE $10.00