

88049

CERTIFICATE OF DEATH STATE OF CALIFORNIA

Vol. 288 Page 8897
3000 12210

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
RALPH		December 12, 1985 1600	
1B. MIDDLE		7. AGE	
ARTHUR		63 YEARS	
1C. LAST		CAREY, SR.	
3. SEX		8. DATE OF BIRTH	
Male		March 9, 1922	
4. RACE/ETHNICITY		9. NAME AND BIRTHPLACE OF FATHER	
Caucasian		Vere T. Carey PA	
5. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
NY		Catherine Stever NY	
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
USA		071-14-9304	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		13. MARITAL STATUS	
19 42 TO 19 43		Married	
15. PRIMARY OCCUPATION		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME	
Wholesale Distr.		Harriet Ritch	
16. NUMBER OF YEARS THIS OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
25		Grocery	
17. EMPLOYER OF SELF-EMPLOYED, SO STATED		19C. CITY OR TOWN	
Self Employed		Cypress	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
4981 Lemon		Mrs. Harriet Carey, Wife	
19D. COUNTY		4981 Lemon	
Orange		Cypress, Ca. 90630	
21A. PLACE OF DEATH		21B. COUNTY	
Residence		Orange	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
4981 Lemon		Cypress	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) Perforation of brain		85-5670-Su	
(B) Gunshot wound to the head		25. WAS BIOPSY PERFORMED?	
(C)		No	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26. WAS AUTOPSY PERFORMED?	
		Yes	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
		No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28C. DATE SIGNED	
LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28D. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
Suicide		Residence	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
No		12-12-85	
32B. HOUR		32C. DATE SIGNED	
1600		12-12-85	
33. LOCATION: (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
4981 Lemon, Cypress		Self-inflicted gunshot wound to head with handgun	
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	
Investigation		BRAD GATES Deputy	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Entombment		Dec. 16, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. CORONER'S LICENSE NUMBER AND SIGNATURE	
Forest Lawn Memorial Park		6667 William Carter	
4471 Lincoln Ave., Cypress, Ca.		40. LICENSE NO.	
1051		41. LOCAL REGISTRAR—SIGNATURE	
42. DATE ACCEPTED BY LOCAL REGISTRAR		DEC 16 1985	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Forest Lawn Mty., Cypress, Ca.		1051	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
L. P. Edgington		DEC 16 1985	
STATE REGISTRAR		F.	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ralph Carey Jr. the 9th day
of June A.D. 19 88 at 10:14 o'clock A M., and duly recorded in Vol. M88,
of Deeds on Page 8897.

Evelyn Biehn County Clerk
By Bernetha L. Letcher

FEE \$8.00

Return to: Harriet Carey--9447 Orange St.--Alta Lomo, CA 91701

Date: _____
Santa Ana, California

DEC 17 1985

Health Officer and Local Registrar of Births and Deaths of Orange County

Fee: \$4.00 ☒ No Fee Veterans Purposes ☐

L. P. Edgington, D.M.

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

VS-111(1-85)