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Vol. ^m 98 Page 9070

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Helene		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR April 25, 1988 0539	
1B. MIDDLE Frances		1C. LAST Smith	
3. SEX Female		4. RACE/ETHNICITY Caucasian	
5. SPANISH/HISPANIC NO		6. DATE OF BIRTH December 31, 1927	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Bernard Neeley - California	
11A. CITIZEN OF WHAT COUNTRY U. S. A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 N/A TO 19 N/A	
12. SOCIAL SECURITY NUMBER 544 24 0283		13. MARITAL STATUS Married	
15. PRIMARY OCCUPATION Researcher		16. NUMBER OF YEARS THIS OCCUPATION 25 yrs.	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self-Employed		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Myrtle Winchell- Oregon	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 46 Lauren Avenue		19B. CITY OR TOWN Novato	
19C. COUNTY Marin		19D. STATE California	
21A. PLACE OF DEATH Residence		21B. CITY OR TOWN Novato	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 46 Lauren Avenue		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP William R. Smith (Husband) 46 Lauren Avenue Novato, California, 94947	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiac Arrest (B) Respiratory Failure (C) Chronic Obstructive Lung Disease		24. WAS DEATH REPORTED TO CORONER? Yes A-28818 25. WAS BIOPSY PERFORMED? No 26. WAS AUTOPSY PERFORMED? No	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN None		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	
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.) 2/23/88		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Michael S. Stulbarg M.D. 28C. DATE SIGNED 4/25/88	
28D. TYPE PHYSICIAN'S NAME AND ADDRESS Michael S. Stulbarg M.D. 400 Parnassus Ave. San Francisco		28E. PHYSICIAN'S LICENSE NUMBER G-20049	
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 Theodore D. Hooton	
35C. DATE SIGNED APR 26 1988		36. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	
37. DATE—MONTH, DAY, YEAR April 26, 1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Valley Memorial Park, Novato, Calif.	
39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Keaton's Chapel of Marin		40B. LICENSE NO. 1137	
41. LOCAL REGISTRAR—SIGNATURE Theodore D. Hooton		42. DATE ACCEPTED BY LOCAL REGISTRAR APR 26 1988	
STATE REGISTRAR		FEE	

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 13th day
of June A.D., 19 88 at 2:16 o'clock P. M., and duly recorded in Vol. M88
of Deeds on Page 9070
Evelyn Bienn County Clerk

FEE \$8.00

ret: Wm. R. Smith 2121 Madison K F

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

THEODORE D. HOOTON, M.D.

HEALTH AND HUMAN SERVICES DEPARTMENT

CIVIC CENTER ROOM 280

SAN RAFAEL, CALIFORNIA 94903

CERTIFICATION FEE: \$7.00

BY: *Tom Boque 4/28/88*
DEPUTY REGISTRAR OF VITAL STATISTICS