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K-40855
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER		1B. MIDDLE		11C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		THOMAS		HAMBLIN SR		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR	
EVAN						July 23, 1987 0600	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH	
male		White		NO		March 12, 1910	
7. AGE		8. DATE OF BIRTH		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
77 YEARS		March 12, 1910		George Thomas Hamblin - CO		Cora Della McCoy - OR	
11A. CHILD OF		11B. IF DECEASED WAS EVER IN		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
WHAT COUNTRY		MILITARY GIVE DATES OF SERVICE		561-54-2583		married	
U.S.A.		19-28 TO 19-58					
14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Isabel M. Strong		Chief Warrant Officer		30		U. S. Government	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
U. S. Navy		613 Tyrone Street				El Cajon	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		19D. COUNTY		19E. STATE		21. PLACE OF DEATH	
Isabel M. Hamblin - Spouse		San Diego		California		Magnolia Center	
613 Tyrone Street						21B. COUNTY	
El Cajon, California 92020						San Diego	
Return. ↑						21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
						635 S. Magnolia Ave.	
						21D. CITY OR TOWN	
						El Cajon	
						22. DEATH WAS CAUSED BY:	
						IMMEDIATE CAUSE	
						(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
						(A) Congestive Heart Failure	
						DUE TO, OR AS A CONSEQUENCE OF	
						(B)	
						DUE TO, OR AS A CONSEQUENCE OF	
						(C)	
						23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN	
						Generalized Atherosclerosis	
						24. WAS DEATH REPORTED TO CORONER?	
						no	
						25. WAS DISPOSTY PERFORMED?	
						no	
						26. WAS AUTOPSY PERFORMED?	
						no	
						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
						no	
						28. TYPE PHYSICIAN'S NAME AND ADDRESS	
						John B. James, MD 1679 E. Main St. El Cajon, CA 92021	
						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-INVIGATION)	
						35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
						35C. DATE SIGNED	
						36. DISPOSITION	
						Entombment	
						37. DATE—MONTH, DAY, YEAR	
						July 27, 1987	
						38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
						El Camino Mausoleum, San Diego, CA	
						39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
						4949 Danahy L. Meyer	
						40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
						Lewis Colonial/Benbough	
						40B. LICENSE NO.	
						F-480	
						41. LOCAL REGISTRAR—SIGNATURE	
						Ronald L. Camras, M.D.M.	
						DATE ACCEPTED BY LOCAL REGISTRAR	
						JUL 24 1987	
						STATE REGISTRAR	
						VS-1111-58	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co.
 of Sept. A.D., 19 88 at 9:46 o'clock A. M., and duly recorded in Vol. M88
 of Deeds on Page 15392 day

FEE \$8.00

Return: K.C.T.C.

Evelyn Biehn, County Clerk

By Danahy L. Meyer