

# **CERTIFICATE OF DEATH** **STATE OF CALIFORNIA**

42

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
		LYNN		PRESTON		MATHENA		February 4, 1987		0525	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		8. YEARS	
Male		White		Mex		March 26, 1931		55		YEARS MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
WV		Lynn P. Mathena - VA		Nannie Rose Waldron - VA		Clara E. (Rosa)		232-45-1061		Married	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME		15. KIND OF INDUSTRY OR BUSINESS	
U.S.A.		19 50 TO 19 53		232-45-1061		Married		Clara E. (Rosa)		Construction	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Operating Engineer		20		Operating Engineers Union Local # 12		Construction		Orcutt		Clara E. Mathena (Wife) P.O. Box 2184 Orcutt, California	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. CITY OR TOWN		22. HOUR	
335 West Clark Avenue, # 20		Santa Barbara		California		Clara E. Mathena (Wife) P.O. Box 2184 Orcutt, California		Santa Maria		0525	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE		21F. ZIP CODE	
Marian Medical Center		Santa Barbara		1400 East Church Street		Santa Maria		California		92356	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS AUTOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
(A) Cardiopulmonary Arrest		Acute Renal Failure, Candida Peritonitis, Sepsis		NO		NO		NO		NO	
(B) Pneumonia, Mucous Plug, ARDS		Laparotomy		YES		YES		YES		YES	
(C) Severe Pancreatitis - Alcoholic		28. TYPE OF OPERATION		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER		31. DATE OF INJURY—MONTH, DAY, YEAR		32. HOUR	
		28. TYPE OF OPERATION		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER		31. DATE OF INJURY—MONTH, DAY, YEAR		32. HOUR	
		28. TYPE OF OPERATION		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER		31. DATE OF INJURY—MONTH, DAY, YEAR		32. HOUR	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER	
12-5-86		Eric Jahnke MD		2-6-87		640036		2-6-87		640036	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		33. DATE SIGNED	
						220 South Palisade Drive Santa Maria, California				Eric Jahnke	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		36. DATE SIGNED		37. EMBALMER'S LICENSE NUMBER AND SIGNATURE		38. DATE ACCEPTED BY LOCAL REGISTRAR	
				Eric Jahnke		2-6-87		7385		February 6, 1987	
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. DATE SIGNED		37. EMBALMER'S LICENSE NUMBER AND SIGNATURE		38. DATE ACCEPTED BY LOCAL REGISTRAR	
		Eric Jahnke		2-6-87		2-6-87		7385		February 6, 1987	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. DATE ACCEPTED BY LOCAL REGISTRAR		41. DATE ACCEPTED BY LOCAL REGISTRAR	
Burial		2/7/87		Santa Maria Cemetery Santa Maria, California		7385		February 6, 1987		February 6, 1987	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE ACCEPTED BY LOCAL REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRAR	
Dudley-Hoffman Mortuary		56		howard thorn		February 6, 1987		February 6, 1987		February 6, 1987	
STATE REGISTRAR		A.		B.		C.		D.		E.	

VS-11 (1-85)

SANTA BARBARA COUNTY HEALTH DEPARTMENT  
This is to certify that this is a true copy  
of the certificate on file in this office.

FEE PAID FEB 6 1987

Lawrence A. M. M.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Clara Mathena the 19th day  
of Jan. A.D., 19 89 at 3:08 o'clock P.M., and duly recorded in Vol. M89  
of Deeds on Page 1178  
By Evelyn Biehn County Clerk

FEE \$8.00

Return: Clara E. Mathena

P.O. Box 2184, Orcutt, Ca. 93455