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CERTIFICATE OF DEATH 38934

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH (MONTH, DAY, YEAR)	3. SEX
Jack	LEWIS	Massingham	February 17,1989	Male

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
CAUC	☐ YES ☒ NO SPECIFY	MAR 20,1928	60				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
CA.	USA	AMOS MASSINGHAM	UNKNOWN	RUBY SMITH	MO.

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	565-28-3094	MARRIED	SUSAN SAMORA

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
WAREHOUSEMAN	FOOD PREP	DEL MONTE	16	10

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
337 SENATOR AVE	SACRAMENTO	95833

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
SACRAMENTO	60	CA.

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY: OBP, IP, ER/OP, DOA	19C. COUNTY
American River Hospital	IP	Sacramento

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
4747 Engle Road	Carmichael

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT

SUSAN MASSINGHAM-wife
337 SENATOR AVE
SACRAMENTO,CA. 95833

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Respiratory Failure	2 wks.
DUE TO (B)	Pneumonia	3 wks.
DUE TO (C)		

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER

23. WAS SURGERY PERFORMED? ☐ YES ☒ NO

23A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

23B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Pneumonectomy

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR — TYPE

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR): March 1987 — DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR): Feb. 17,1989

27B. SIGNATURE OF CERTIFIER OR TITLE OF ATTENDING: [signature]

27C. PHYSICIAN'S LICENSE NUMBER: A31379

27D. DATE SIGNED: Feb 21,1989

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: PETER MURPHY M.D. 3637 Mission Avenue,Carmichael,Ca. 95608

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined

30A. PLACE OF INJURY

30B. INJURY AT WORK ☐ YES ☐ NO

30C. DATE OF INJURY MONTH, DAY, YEAR

31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
BURIAL	SUNSET LWN MEM PRK SACTO.	2-22-1989	[signature]	6703

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
SUNSET LAWN MORTUARY	F1023	Little E Hinton, M.D.	FEB 2 2 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Little E Hinton, M.D. REGISTRAR

Emma York DEPUTY

DATE:

FEB 2 3 1989

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 28th day of April A.D., 19 89 at 11:15 o'clock A M., and duly recorded in Vol. M89 of Deeds on Page 7365.

FEE $8.00

Return: Susan Massingham
337 Senator Ave.,Sacramento,Ca.95833

Evelyn Biehn County Clerk
By Darlene Mullendore