

STATE FILE NUMBER										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER																								
1A. NAME OF DECEDENT—FIRST Doris					1B. MIDDLE Marie					1C. LAST Keeney					2A. DATE OF DEATH (MONTH, DAY, YEAR) September 15, 1988					12B. HOUR 0819														
3. SEX Female		4. RACE/ETHNICITY White/American			5. SPANISH/HISPANIC NO			6. DATE OF BIRTH July 18, 1913					7. AGE 75 YEARS		IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HOURS HOURS MINUTES																
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Oregon					9. NAME AND BIRTHPLACE OF FATHER Evison Atkinson - Minnesota										10. BIRTH NAME AND BIRTHPLACE OF MOTHER Florence Austin - Minnesota																			
11A. CITIZEN OF WHAT COUNTRY USA					11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19					12. SOCIAL SECURITY NUMBER 541-22-1579					13. MARITAL STATUS Widowed					14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) ---														
15. PRIMARY OCCUPATION Secretary - Treas.					16. NUMBER OF YEARS THIS OCCUPATION 20					17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Crescent Water Dept.					18. KIND OF INDUSTRY OR BUSINESS Public Utility																			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 543 W. Bullard Avenue										19B.					19C. CITY OR TOWN Clovis																			
19D. COUNTY Fresno										19E. STATE California					20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Evelyn Keaton - Sister 543 W. Bullard Avenue Clovis, California 93612																			
21A. PLACE OF DEATH Clovis Convalescent Hospital										21B. COUNTY Fresno					21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 111 E. Barstow Avenue										21D. CITY OR TOWN Clovis									
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Ventricular Tachycardia leading to Asystole DUE TO, OR AS A CONSEQUENCE OF (B) Severe Atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF (C) Severe Aortic Insufficiency 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Mitral Insufficiency, Emphysema										24. WAS DEATH REPORTED TO CORONER? NO					25. WAS BIOPSY PERFORMED? No					26. WAS AUTOPSY PERFORMED? no														
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION None										28A. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE L. L. MD										28B. DATE SIGNED 9-15-88					28C. PHYSICIAN'S LICENSE NUMBER C35909									
29. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 2-28-86										LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 9-12-88					28E. TYPE PHYSICIAN'S NAME AND ADDRESS Larry Loo, MD - 200 W. Bullard - Clovis, California																			
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 Burial					37. DATE—MONTH, DAY, YEAR 9-19-88					38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Redmond Mem. Cemetery - Redmond, Oregon					39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 4714 Dennis B. Math																			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Clovis Funeral Chapel					40B. LICENSE NO. F-1314					41. LOCAL REGISTRAR—SIGNATURE Donn R. Cobb, MD					42. DATE ACCEPTED BY LOCAL REGISTRAR 9-16-88																			
STATE REGISTRAR					A.					B.					C.					D.					E.					F.				

VS-11(11-85)

CERTIFICATION NUMBER 89-173602-5

STATE OF CALIFORNIA - COUNTY OF FRESNO
 THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF
 THIS DOCUMENT FILED AND/OR RECORDED IN THIS OFFICE
 ISSUED BY AUTHORITY OF SECTION 10575 OF CALIFORNIA HEALTH AND
 SAFETY CODE

NOT A CERTIFIED (LEGAL) COPY WITHOUT A RAISED SEAL
 AND THE DEPUTY'S INITIALS IN RED INK

DATED: 9-16-88 Donn R. Cobb, MD LOCAL REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 11th day
 of May A.D., 19 89 at 3:25 o'clock P.M., and duly recorded in Vol. M89,
 of Deeds on Page 8081.

Evelyn Biehn, County Clerk

By Dennis Muller

FEE \$8.00

Return: A.T.C.