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986

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

1500 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
Gene	Charles	Johnson	March 28, 1989	0745	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
White	☐ YES ☒ NO	August 6, 1921	67				

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
Kan.	U.S.	Herbert Johnson	Kan.	Katherine Duncan	Kan.

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 44 TO 19 46 ☐ NONE	545-16-8026	Married	Mary Heggarty

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+)
Photo Instrumentaion Engineer	Areo Space	Photo Sonics	23	15

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
6213 Bobcat	Lake Isabella	93240

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Kern	2	California	Mary Johnson (Wife) P.O. Box 1783 Mt. Mesa, Lake Isabella, CA 93240

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER?
Residence		Kern		☒ YES 0422-89 ☐ NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
6213 Bobcat	Lake Isabella

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) Pending

DUE TO (B)

DUE TO (C)

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO

24B. 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

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 — DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN

27C. PHYSICIAN'S LICENSE NUMBER

27D. DATE SIGNED

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

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 — Donald L. Wigginton Deputy

28B. DATE SIGNED 3-29-89

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

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	Kern River Valley Cemetery Wofford Heights, CA	4-1-1989		7458

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Valley Mortuary	1216	BABATUNDE JINADU, M.D.	MAR 30 1989

THIS IS TO CERTIFY THAT THIS IS
A TRUE COPY OF THE DOCUMENT ON
FILE IN THIS OFFICE

BABATUNDE JINADU, M.D., MPH
LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

MAR 30 1989

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Johnson the 5th day of June A.D., 19 89 at 10:30 o'clock AM., and duly recorded in Vol. M89, of Deeds on Page 9814.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Mary Johnson
P.O. Box 1783, Mt.Mesa, Lake Isabella, Ca. 93240