CERTIFIED COPY

5556

Vol. M89 Page 17975

'89 SEP 22 AM 11:06

This is a true certified copy of the record if it bears the seal of the County of Amador imprinted in purple ink.
ATTEST:
SHELDON D. JOHNSON, Recorder MAY – 8 1989
Amador County, California

By _____ Deputy

CERTIFICATE OF DEATH

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	2B. HOUR	3. SEX
Emil	Paul	Lundgren	May 5, 1989	1913	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 (X) SPECIFY	August 5, 1929	59		

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
Oregon	USA	Paul Lundgren	Sweden	Ruth Anderson	Sweden

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 51 TO 19 54 ☐ NONE	569-38-0201	Married	Dorothy Lissoway

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+)
Operating Engineer	Construction	Sierra Constructors	40	9

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
24377 east Highway 88	Pioneer	95666

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Amador	40	California	Dorothy Lundgren Wife Box 38 Pioneer, CA. 95666

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Amador Hospital	ER	Amador

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER?
810 Court Street, Jackson	Jackson		☒ YES C89-40 REFERRAL NUMBER ☐ NO

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)	Atherosclerotic Coronary Artery Disease	YRS.	23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO
DUE TO (B)			24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO
DUE TO (C)			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
Critical Aortic Stenosis	No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR / DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	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	28B. DATE SIGNED
	Sheriff Robert Campbell Coroner By: L R Fischer	MAY – 8 1989

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	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
Natural		☐ YES ☐ NO		

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
Cremation	24377 Highway 88 Pioneer	May 9,1989	N/A Not Embalmed	N/A

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Olson Upcountry Funeral Home	F1343		MAY – 8 1989

STATE REGISTRAR

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

VS-11 (REV. 1-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Lundgren the 22nd day of Sept. A.D., 19 89 at 11:06 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 17975.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Dorothy Lundgren
Box 38, Pioneer, Ca. 95666