

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3 - 89 - 18 - 000103

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) BETTY		2A. DATE OF DEATH—MO. DAY, YR. OCTOBER 3, 1989	
1B. MIDDLE LOUISE		2B. HOUR 1620	
1C. LAST (FAMILY) McBRIDE		3. SEX FEM	
4. RACE WHITE		5. SPANISH/HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. MAY 7, 1928		7. AGE IN YEARS 61	
8. STATE OF BIRTH KA		9. CITIZEN OF WHAT COUNTRY USA	
10A. FULL NAME OF FATHER WILLIAM M. McAFEE		10B. STATE OF BIRTH KA	
11A. FULL MAIDEN NAME OF MOTHER IDA BURDICK		11B. STATE OF BIRTH KA	
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 510 20 2893	
14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) EARL P. McBRIDE	
16A. USUAL OCCUPATION HOMEMAKER		16B. USUAL KIND OF BUSINESS OR INDUSTRY OWN HOME	
16C. USUAL EMPLOYER SELF		16D. YEARS IN OCCUPATION 41	
16E. EDUCATION—YEARS COMPLETED 12		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 714-860 VISTA LANE	
18B. CITY JANESVILLE		18C. ZIP CODE 96114	
18D. COUNTY LASSEN		18E. NUMBER OF YEARS IN THIS COUNTY 3 DAYS	
18F. STATE OR FOREIGN COUNTRY CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT EARL P. McBRIDE - HUSBAND	
19A. PLACE OF DEATH LASSEN COMMUNITY HOSP.		19B. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> ER <input type="checkbox"/> OP <input type="checkbox"/> DOA	
19C. COUNTY LASSEN		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 560 HOSPITAL LANE		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19E. CITY SUSANVILLE		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Pending further Pathological Examination		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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? IF YES, LIST TYPE OF OPERATION AND DATE.	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Dr. Gale Todd	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27C. PHYSICIAN'S LICENSE NUMBER	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27D. DATE SIGNED	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Dep. Coroner	
28B. DATE SIGNED OCT 6, 89		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined NATURAL	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) CREMATION		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS SIERRA CREMATORY RENO, NEVADA	
34C. DATE MO. DAY, YEAR OCT 5, 1989		34D. SIGNATURE OF EMBALMER NOT EMBALMED	
34E. LICENSE NUMBER FD-707		34F. SIGNATURE OF LOCAL REGISTRAR [Signature]	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) L/C COLONIAL MORTUARY INC.		36B. LICENSE NO. FD-707	
36C. SIGNATURE OF LOCAL REGISTRAR [Signature]		36D. REGISTRATION DATE Oct. 17, 1989	
36E. CENSUS TRACT		36F. CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

I certify this photocopy to be
a true copy of the record
in this office.

Attest: OCT 23 1989

P. J. Ithurburn

By [Signature]
County Recorder of Lassen
County, California

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Raymond H. Andrieu the 30th day
of Oct. A.D., 19 89 at 2:15 o'clock P.M., and duly recorded in Vol. M89,
of Deeds on Page 20769

FEE \$8.00

Return: Raymond H. Andrieu
2655 Shasta Way #1, Klamath Falls, Or. 97603

By Evelyn Biehn County ClerkBy [Signature]