	STATE FILE NUMBER	n dirikkings		STATE USE	BLACK INK			OCAL REGISTRA	TION DISTRICT A		PICATE NU	
	A. NAME OF DECEDEN	(GIVEN)	B. MIDDLE			T (PAMILY)		CTOBER	еатн <u>мо</u> . <i>Di</i> 3. 1989		. ноши 5 520 Т	
DECEDENT E PERSONAL DATA	BETTY 4. race		LOUISE S. SPANGER/HIS	SPANIC-SPECIFY		RIDE . DATE OF BIRTH-		CONTRACTOR OF THE PARTY OF THE	MONTHS C	YEAR IF		
	WHITE		[] ves_			MAY 7, 192	8	61	1		118. 51	
	B. STATE OF 9. CITIZE	N OF WHAT		L NAME OF FA		109. STATI	4)	BURDIC	IAME OF MOT	nen .	l B	
	KA US		SOCIAL SECUR	IAM M. Mo	TAPEE 14. M.	KA	15. NAME	OF SURVIVIN	IG SPOUSE (IF	WIFE. ENT		
	19 To 19 X	-	0 20 28	93		ARRIED		P. McB	RIDE		COL	
	18A. USUAL OCCUPATION		16R USUAL N OR INDU	OF BUSINESS	16C.	USUAL EMPLOYER		YEARS IN OCCUPATION	17. EDUCA	TIONY	EARS CON	
	HOMEMAKER	T AND NUMBER	OWN HU			SELF		41 89. City	1 12	110	BC. ZIP C	
USUAL	714-860 VIST						<u> i i </u>	JANESV		1	9611	
	18D. COUNTY 18E. NUMBER OF YE				NTY !	CALIFORNIA			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT EARL P. MCBRIDE - HUSBAN			
	TABLE OF DEATH					SPECIPY 19C. COUNTY			714-860 VISTA LANE			
PLACE OF DEATH	LASSEN COMMI			ONE IP ER/C	OP. DOA	LASSEN		JANESVI	LLE, CAI	IF.	9611	
	19D. STREET ADDRESS			OCATION 1,9	E. CITY		88	TWEEN ONSET	22. WAS DEATH	EFERRAL I	NUMBER _	
	560 HOSPITAI	L LANE	CO ONLY ON	E CAUSE DED !	SUSAN			AND DEATH	23. WAS BIOPS	0-046 Y PERFOR		
						camination	>		YES_		NO	
CAUSE	CAUSE (A) Pe	SHOTHE I	GE-CRCA	* GEHOTOR	11				24A. WAS AUT	OPSY PER	FORMED?	
OF DEATH	DUE TO ((B)						D :		X YES	SED IN DE	NO TERMINING	
							▶		X YES	` [™]	NO	
	DUE TO (C) 25. OTHER SIGNIFICANT C	CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT	RELATED TO	CAUSE GIVEN IN 21	26. WAS OP	ERATION PERFOR	MED FOR ANY C	ONDITION I	III ITEM 21	
* .*						DEGREE OR TITLE	DE BUVERCIAN	Tare Physicia	N'S LICENSE N	MBER 12	7D. DATE	
PHYSI-	I CERTIFY THAT TO THE B OCCURRED AT THE HOUR, CAUSES STATED.	DATE AND PLA	OWLEDGE DEAT	HOM THE	GNATURE AND	, DEGREE ON THE	Jr Tittololali	!			e.,	
CIAN'S CERTIFICA-	27A. DECEDENT ATTENDE MONTH, DAY, YEAR	ED SINCE DECE	CENT LAST SEE	N ALIVE 27E. T	YPE ATTEND	ING PHYSICIAN'S	NAME AND	ADDRESS	1. 1. 1.			
TION											. DATE S	
-	I CENTIFY THAT IN MY C	DPINION DEATH	OCCUMENTS AT	SES .	IGNATURE AN	TITLE OF CORONER	OR DEPUTY	100	. CORONE	!		
CORONER'S USE	STATED.	specify one: natur	zi, accident.	30A, PLACE OF	INJURY	- Lalla- \	30B. II	ULLY VORK	30C. DATE	YRULNI TO	51. H	
	suicide, homicide, pending investi	igation or could not	te determined					YES NO	1			
						33 DES		JURY OCCURRE	D (EVENTS WHIC	H RESULT	ED IN INJU	
ONLY	32. LOCATION (STREET A		LOCATION AP	(D CITY)		35. 2.3	CRIBE HOW IN		4			
	32. LOCATION (STREET A	AND NUMBER OF			ND ADDRESS	34C. D	ATE		JRE OF EMBALM	ER	35B LI	
	32. LOCATION (STREET A	349. PLACE		SITION—NAME A	NO. NEV	34C. D		35A. SIGNATU)	i	
ONLY FUNERAL DIRECTOR AND	32. LOCATION (STREET A 34A, DISPOSITION(S) CREMATION 36A, NAME OF FUNERAL	349. PLACE OF SIERRA	CREMAT	ORY REI	NO, NEV	ADA OCT	TE D. DAY, YEAR 5, 1989	35A. SIGNATU	URE OF EMBALM	38. REG	SISTRATIO	
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