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MTC 22852-D

CERTIFICATE OF DEATH

STATE OF CALIFORNIA 23-352

STATE FILE NUMBER — USE BLACK INK ONLY — 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
CAROLYN	ANETTA	ANDERSEN	JUNE 25, 1989	1345	F

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 / American	☐ Yes ☒ No (Specify)	Mar. 4, 1942	47				

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
MO	U.S.A.	Clutis Hastings	Unk.	Evelyn Bowers	Unk.

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	561-56-2973	Married	Richard L. Andersen

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+)
Tally Person	Wholesale Lumber	Louisiana-Pacific	11	9

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
17400 Van Arsdale Rd.	Potter Valley	95469

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Mendocino	20	CA	Richard L. Andersen – Husband 17400 Van Arsdale Rd. Potter Valley, CA., 95469

PLACE OF DEATH

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

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER?
275 Hospital Drive	Ukiah		☐ Yes (Referral Number XX) ☐ No

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH	23. WAS BIOPSY PERFORMED?
IMMEDIATE CAUSE (A)	LUNG CARCINOMA WITH	7 mos	☒ Yes ☐ No
DUE TO (B)	METASTASES TO BONE, LYMAN NODE & NECK AREA		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
NONE	12/7/88 TYPE Biopsy Lyman Node

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
	Barry R. Sheppard MD	643820	6/26/89

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
6-8-89	6-25-89	BARRY R. SHEPPARD, MD 1377 S. DORA UKIAH, CA	95482

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

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 ☐ 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
CR/Bu	Evergreen Memorial Gard.	06-28-89	C.A. Wells	4921

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
The Eversole Mortuary	24	Craig M. McMillan MD	JUN 27 1989

STATE REGISTRAR

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

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

The within Document is a correct copy of the record in this office, if it bears this stamp imprinted in purple ink and an original signature. ATTEST:

C.M. McMillan, M.D. Public Health in, and for Mendocino County State of California.

By D. Gunn Deputy Registrar

PLEASE RETURN TO:
RICHARD ANDERSON
17400 VAN ARSDALE RD
POTTER VALLEY, CA 95469

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

Mountain Title Co.

on this 8th day of Jan. A.D., 19 90 at 2:21 o'clock P M. and duly recorded in Vol. M90 of Mortgages Page 401.

Evelyn Biehn County Clerk

By Pauline Muellendore Deputy.

Fee, $5.00