

4500 0195

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
JACK		February 15, 1988	
1B. MIDDLE		12B. HOUR	
DONALD		1721	
11C. LAST		ALEXANDER	
3. SEX		6. DATE OF BIRTH	
Male		December 6, 1930	
4. RACE/ETHNICITY		7. AGE	
Cauc.		57 years	
5. SPANISH/HISPANIC		IF UNDER 1 YEAR	
NO		MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Oklahoma		Anne Cox, No Rec.	
9. NAME AND BIRTHPLACE OF FATHER		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
T. R. Alexander, No Rec.		Coral McKinney	
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
U. S. A.		540-32-1547	
11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		13. MARITAL STATUS	
19 n/a TO 19 n/a		Married	
15. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Sawyer		Weyerhaeuser Timber Co.	
16. NUMBER OF YEARS THIS OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
31		Lumber	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
4410 Highway 99 South		Redding	
19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Shasta		Coral Alexander - Wife	
21A. PLACE OF DEATH		4410 Highway 99 South	
Own Residence		Redding, California 96001	
21B. COUNTY			
Shasta			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
4410 Highway 99 South		Redding	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) Gunshot Wound to the Head, Contact		YES C-43	
(B) DUE TO, OR AS A CONSEQUENCE OF		25. WAS BIOPSY PERFORMED?	
(C) DUE TO, OR AS A CONSEQUENCE OF		No	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26. WAS AUTOPSY PERFORMED?	
		No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)		28C. DATE SIGNED	
		28D. PHYSICIAN'S LICENSE NUMBER	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
Suicide		Residence	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
No		February 15, 1988	
32B. HOUR		Unknown	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
4410 Highway 99 South, Redding		Self-inflicted gunshot w/.22 Calibre Revolver	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
Investigation		Coroner	
35C. DATE SIGNED		2-17-88	
36. DISPOSITION		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Burial		7388 Jael Chambers	
37. DATE—MONTH, DAY, YEAR		40B. LICENSE NO.	
Feb. 19, 1988		41. LOCAL REGISTRAR—SIGNATURE	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Eternal Hills Mem. Gardens, Klamath Falls, Ore.		FEB 17 1988	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		43. STATE REGISTRAR	
O'Hair's Fun. Chapel, Klamath Falls, Ore.			
A.		B.	
C.		D.	
E.		F.	

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: FEB 24 1988

Stephen J. Plank, M.D., Dr. P.H.
Registrar of Vital Statistics
Shasta County Health Department
2650 Hospital Lane
Redding, CA 96001

VITALS STATEMENT MUST SHOW EMBOSSMENT OF COUNTY SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Coral Alexander the 11th day of Jan. A.D., 19 90 at 12:43 o'clock PM., and duly recorded in Vol. M90 of Deeds on Page 702.

Evelyn Biehn, County Clerk
By *Pauline Mulender*

FEE \$8.00
Return: Coral Alexander
1834 Gary, Klamath Falls, Or. 97603