14679

Vol M90 Page 8881

8312

COUNTY OF SUTTER

HALL OF RECORDS
466 SECOND STREET
YUBA CITY, CALIFORNIA 95991

COUNTY RECORDER
SUTTER CO., CALIF.

MAY 7 1990

This is to certify that this is a true copy of the document on file in this office, LONNA B. SMITH, County Recorder
County of Sutter, Yuba City, California
By Elizabeth Smith Deputy

'90 MAY 10 AM 11 23

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 5100

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 02

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DONALD	LaVERNE	MORTENSON

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
January 4, 1988	0145

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	Cauc./ American	NO [X]	May 10, 1916

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
71 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Minnesota	Martin Mortenson/ Norway	Dorthea Hamre/ Norway

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	1941 TO 1945	476-07-8047	Married	Ione E. Murray

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Electronics Inspector	33	U. S. Government	San Francisco Naval Ship Yards

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1945 Woodleaf Drive		Yuba City

19D. COUNTY	19E. STATE
Sutter	California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Ione Mortenson, Wife
1945 Woodland Drive
Yuba City, California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Fremont Medical Center	Sutter

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
970 Plumas St.	Yuba City

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) DISSEMINATED CARCINOMA OF PROSTATE
DUE TO, OR AS A CONSEQUENCE OF
(B) ESSENTIAL HYPERTENSION
DUE TO, OR AS A CONSEQUENCE OF
(C) CARDIAC ISCHEMIA.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: SUPRAPUBIC CYSTOSTOMY — DATE: 12-16-87

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 2-28-86
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 12-28-87

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Jan F. Babiszewski MD
28C. DATE SIGNED: 1-4-88
28D. PHYSICIAN'S LICENSE NUMBER: C-41648
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Jan F. Babiszewski, M.D. 874 PLUMAS ST., SUITE-B, YUBA CITY, CA. 95991

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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
35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	1-6-1988	Ullrey Memorial Chapel Crematory Yuba City, California	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Ullrey Memorial Chapel, Inc.	F-784	A H Brand MD	JAN 05 1988

STATE REGISTRAR: A. B. C. D. E. F.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ione Mortenson the 10th day of May A.D., 19 90 at 11:23 o'clock A M., and duly recorded in Vol. M90 of Deeds on Page 8881.

Evelyn Biehn, County Clerk
By Darlene Mullender

FEE $8.00
Return: Ione Mortenson
1945 Woodleaf Dr., Yuba City, Ca. 95993