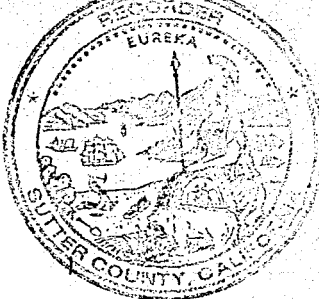


8312



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 Krich Deputy

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5100

02

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
DONALD		January 4, 1988	
1B. MIDDLE		12B. HOUR	
Laverne		10145	
1C. LAST		11C. LAST	
MORTENSON		MORTENSON	
3. SEX		7. AGE	
Male		71 YEARS	
4. RACE/ETHNICITY		8. DATE OF BIRTH	
Cauc./ American		May 10, 1916	
5. SPANISH/HISPANIC NO		9. NAME AND BIRTHPLACE OF FATHER	
NO		Martin Mortenson/ Norway	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Minnesota		Dorthea Hamre/ Norway	
11A. CITIZEN OF WHAT COUNTRY		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
USA		Ione E. Murray	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		15. KIND OF INDUSTRY OR BUSINESS	
1941 TO 1945		San Francisco Naval Ship Yards	
12. SOCIAL SECURITY NUMBER		16. NUMBER OF YEARS THIS OCCUPATION	
476-07-8047		33	
13. MARITAL STATUS		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
Married		U. S. Government	
18. PRIMARY OCCUPATION		19C. CITY OR TOWN	
Electronics Inspector		Yuba City	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
1945 Woodleaf Drive		Ione Mortenson, Wife	
19B. COUNTY		1945 Woodland Drive	
Sutter		Yuba City, California	
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	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) DISSEMINATED CARCINOMA OF PROSTATE		Yes	
(B) ESSENTIAL HYPERTENSION		25. WASopsy PERFORMED?	
(C) CARDIAL ISCHEMIA.		Yes	
26. 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	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. DATE SIGNED	
28C. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28D. PHYSICIAN'S LICENSE NUMBER	
Jan F. Babiszewski MD		12-16-87	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
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	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Cremation		1-6-1988	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Ullrey Memorial Chapel Crematory		Not Embalmed	
Yuba City, California			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Ullrey Memorial Chapel, Inc.		F-784	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
A H Brand MD		JAN 05 1988	
STATE REGISTRAR			

STATE OF OREGON: COUNTY OF KLAMATH: 58.

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 Douglas Mueller

FEE \$8.00

Return: Ione Mortenson

1945 Woodleaf Dr., Yuba City, Ca. 95993