

17758

30 JUL 1990 PM 4 08

Vol. m90 Pg 14347

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3 90 25 000056

894

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Larry		Russell		Self		July 11, 1990 1315 M	
2A. DATE OF DEATH—MO, DAY, YR, 2B. HOUR, 3. SEX		4. RACE		5. SPANISH/SPANISH—SPECIFY		6. DATE OF BIRTH—MO, DAY, YR		7. AGE IN YEARS	
		White				December 22, 1919		70	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER	
OK		USA		Unknown		Unk.		India Mantooth	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		11B. STATE OF BIRTH	
		714-18-2675		Married		Constance Goodwin		OK	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		17. EDUCATION—YEARS COMPLETED		18C. ZIP CODE	
Conductor		Railroad		Southern Pacific		30		13	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. NUMBER OF YEARS IN THIS COUNTRY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		97627	
11320 Sprague Court		Klamath		Oregon		Constance Self - wife			
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: P, F, OR S		19C. COUNTY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER?	
Modoc Medical Center		Modoc		Modoc		228 McDowell St.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		23. WAS DEATH REPORTED TO CORONER?		24. WAS AUTOPSY PERFORMED?		25. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
228 McDowell St.		Alturas		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED		28B. DATE SIGNED	
None		None		None		None		7-12-90	
29. SIGNATURE OF CORONER OR DEPUTY CORONER		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		31. HOUR	
Buce MP		Buce MP		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34C. DATE		35A. SIGNATURE OF EMBALER		35B. LICENSE NUMBER	
				7-11-1990		Jull-14. En...		7883	
34A. DISPOSITION		34B. PLACE OF FINAL RESIDENCE—NAME AND ADDRESS		34C. DATE		35A. SIGNATURE OF EMBALER		35B. LICENSE NUMBER	
Burial		Atlington, VA 22211		7-11-1990		Jull-14. En...		7883	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. WITNESS OF DEATH		38. REGISTRATION DATE		39. CENSUS TRACT	
Kerr Mortuary		F-87		BY: <i>Michael Tedrick</i>		July 12, 1990			

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE OF CALIFORNIA, COUNTY OF MODOC, S.S.
I, MICHAEL TEDRICK, County Recorder, do hereby
certify that this is a true and correct copy of the
record reported in this office in witness my hand
and official seal this 11th day of July 1990
By *Michael Tedrick*, Recorder
By *Deanna J. Hulse*, Deputy

P.O. Box 31
Keno, OR 97627
STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Constance Self the 18 day
of July A.D., 19 90 at 4:08 o'clock P M., and duly recorded in Vol. M90
of Deeds on Page 14347

FEE 8.00
Evelyn Biehn County Clerk
By *Deanna J. Hulse*