

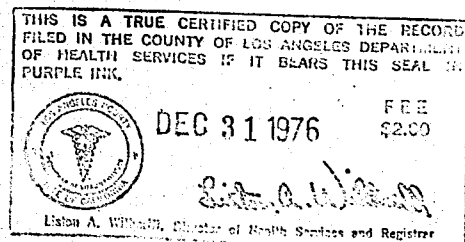
19537

CERTIFICATE OF DEATH

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STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR			
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR		IF UNDER 24 HOURS	
	Male	Caucasian	California	February 27, 1918	58				
	8. NAME AND BIRTHPLACE OF FATHER			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER					
	John C. Isbell - Texas			Goldie Burkette - Mississippi					
PLACE OF DEATH	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)				
	U.S.A.	561-07-2889		Married	Rita F. Schmidt				
	14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYER (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS					
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		18d. LENGTH OF STAY IN CALIFORNIA			
	Burbank Community Hospital	466 East Olive Avenue		Yes		58			
	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		20. NAME AND MAILING ADDRESS OF INFORMANT					
PHYSICIAN'S OR CORONER'S CERTIFICATION	19c. CITY OR TOWN	19d. COUNTY	19e. STATE	21. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)					
	Newport Beach	Orange	California	Rita F. Isbell					
	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW		21c. PHYSICIAN OR CORONER'S SIGNATURE		21d. DATE SIGNED		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMPLOYER—SIGNATURE (IF BODY IS ALIENED) LICENSE NUMBER		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			
	Burial	Jan. 3, 1977	Grand View Memorial Park	6337		Eckman-Helman Funeral Service			
	26. THIS DEATH REPORTED TO CLERK (SPECIFY YES OR NO)	No	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY		DEC 31 1976			
CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C								
	(A) IMMEDIATE CAUSE: Acute Gastrointestinal Bleeding								
	(B) DUE TO OR AS A CONSEQUENCE OF: Oesophageal Varices								
INJURY INFORMATION	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.								
	Shunt Surgery for Oesophageal Varices								
	31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION OR FEAR 29 OR 30? (SPECIFY YES OR NO)								
STATE REGISTRAR	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WHERE FINDINGS CONFIRMED IN CITY OR COUNTY	32c. IF YES, WHERE FINDINGS CONTRADICTED IN CITY OR COUNTY	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY OFFICE BUILDING NO. ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR	
	No								
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (IF IN MILES)	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)					
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)									
01-179-1-0115									

Return: Rita F. Isbell
2433 Rue DeCannes
Costa Mesa, Ca. 92627



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John M. Gustafson the 31st day of Aug. A.D., 19 90 at 12:19 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 17528

FEE \$8.00

Evelyn Biehn - County Clerk

By Pauline Mueland

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