

'90 SEP 4 PM 1 01

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5550 292

19665

STATE FILE NUMBER Raymond		1B. MIDDLE Michael		1C. LAST Gebhardt		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2235	
3. SEX Male		4. RACE/ETHNICITY White-German		5. DATE OF BIRTH June 21, 1915		7. AGE 70	
6. BIRTHPLACE OF DECEDENT Pennsylvania		9. NAME AND BIRTHPLACE OF FATHER Oscar Gebhardt-Pennsylvania		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Ann Gurshick-Penn.		IF UNDER 1 YEAR HOURS MINUTES	
11. U.S. CITIZENSHIP USA		12. SOCIAL SECURITY NUMBER 210-07-8077		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER NAME OF SURVIVING SPOUSE IF HUSBAND Mary Ann Aiman	
15. PRIMARY OCCUPATION Machinist		16. NUMBER OF YEARS THIS OCCUPATION 22		17. EMPLOYER IF SELF-EMPLOYED, SO STATE Caterpillar Tractor		18. KIND OF INDUSTRY OR BUSINESS Heavy Equipment	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 20455 Nashua		19B. N/A		19C. CITY OR TOWN Sonora		19D. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mary Ann Gebhardt-Wife		21A. PLACE OF DEATH Sonora Community Hospital		21B. COUNTY Tuolumne		21C. CITY OR TOWN Sonora	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) PENDING		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A NO		24. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Investigation		25. WAS DEATH REPORTED TO CORONER? Yes	
26. PHYSICIAN'S CERTIFICATION 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE ATTENDING DECEASED SINCE I LAST SAW DECEASED ALIVE (ENTER NO. ON 1A.)		27. TYPE OF OPERATION NO		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE David M. Wynne, M.D.		28C. DATE SIGNED OCT 24 1985	
29. SPECIFY ACCIDENT, SUICIDE, ETC. Investigation		30. PLACE OF INJURY Investigation		31. INJURY AT WORK NO		32. DATE OF INJURY—MONTH, DAY, YEAR 10 24 85	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) Investigation		34. NAME AND ADDRESS OF COUNTY OR CREMATOR Investigation		35. NAME AND ADDRESS OF COUNTY OR CREMATOR Investigation		36. DATE SIGNED 10 24 85	
37. DATE—MONTH, DAY, YEAR 0-25-1985		38. NAME AND ADDRESS OF COUNTY OR CREMATOR Ceres Cemetery, Ceres, California		39. EMBALLER'S LICENSE NUMBER AND BIRTHPLACE 6430 Ash W. Moore		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 40B. LICENSE NO. Terzich & Wilson F762	
41. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2235		42. DATE ACCEPTED BY LOCAL REGISTRAR OCT 24 1985		43. DATE ACCEPTED BY LOCAL REGISTRAR OCT 24 1985		44. NAME OF REGISTRAR Terzich & Wilson	

I CERTIFY THIS TO BE A TRUE COPY OF THE RECORD IN THIS OFFICE.
 ATTEST: OCT 24 1985
 David M. Wynne
 COUNTY RECORDER
 TUOLUMNE COUNTY, CALIFORNIA BY
 DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.
 Filed for record at request of Mary Ann Gebhardt the 4th day of Sept. A.D., 19 90 at 1:01 o'clock PM., and duly recorded in Vol. M90 of Deeds on Page 17647.
 FEE \$8.00
 Return: Mary Ann Gebhardt
 20455 Nashua, Sonora, Ca. 95370
 Evelyn Biehn County Clerk
 By Pauline Williams