

MTR 24751

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

8009

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST

1B. MIDDLE

1C. LAST

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

Paul

Ottis

Rector

October 28, 1985

2335

3. SEX

Male

4. RACE/ETHNICITY

Caucasian

5. SPANISH/HISPANIC

NO

6. DATE OF BIRTH

December 27, 1914

7. AGE

70 YEARS

IF UNDER 1 YEAR

MONTHS DAYS

IF UNDER 24 HOURS

HOURS MINUTES

8. BIRTHPLACE OF DECEDENT

(STATE OR FOREIGN COUNTRY)

TN

9. NAME AND BIRTHPLACE OF FATHER

Will Rector-TN

10. BIRTH NAME AND BIRTHPLACE OF MOTHER

Nannie Lee Cruz-TN

11A. CITIZEN OF

WHAT COUNTRY

USA

11B. IF DECEASED WAS EVER IN

MILITARY GIVE DATES OF SERVICE

19 4 2 TO 19 4 6

12. SOCIAL SECURITY NUMBER

420-07-9809

13. MARITAL STATUS

Married

15. PRIMARY OCCUPATION

Groundsman

16. NUMBER OF YEARS

THIS OCCUPATION

18

17. EMPLOYER OF SELF-EMPLOYED, SO STATE

San Diego State University

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER

BIRTH NAME)

Jimmie Lee Brooks

18. KIND OF INDUSTRY OR BUSINESS

Education

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)

3765 Boren Street

19B.

19C. CITY OR TOWN

San Diego

19D. COUNTY

San Diego

19E. STATE

California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

Jimmie Lee Rector-Wife

3765 Boren Street

San Diego, California 92115

21A. PLACE OF DEATH

Alvarado Community Hospital

21B. COUNTY

San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)

6655 Alvarado Road

21D. CITY OR TOWN

San Diego

22. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY,

WHICH GAVE RISE TO

THE IMMEDIATE CAUSE

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

LYING CAUSE LAST

24. WAS DEATH REPORTED

TO CORONER?

NO

25. WAS BIOPSY PERFORMED?

Yes

26. WAS AUTOPSY PERFORMED?

NO

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR

23? TYPE OF OPERATION

Right hemicolectomy

DATE

4/21/85

28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

C. R. Kossman MD

28C. DATE SIGNED

10/29/85

28D. PHYSICIAN'S LICENSE NUMBER

628357

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)

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-INVIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION

Burial

37. DATE—MONTH, DAY, YEAR

10-31-1985

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY

Greenwood Memorial Park

39. FUNERAL HOME'S LICENSE NUMBER AND SIGNATURE

Robbie Jackson, Atty in Fact

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)

I-805 & Imperial Avenue, San Diego, CA

40B. LICENSE NO.

F-843

41. LOCAL REGISTRAR'S SIGNATURE

Ronald D. Camaral, M.D.

42. DATE ACCEPTED BY LOCAL REGISTRAR

OCT 30 1985

STATE REGISTRAR

A.

B.

C.

D.

E.

F.

AFTER RECORDED RETURN TO:

Mrs. Jimmie L. Rector
3765 Boren Street
San Diego, CA 92115

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co.

on this 17th day of Jan. A.D., 19 91
at 2:29 o'clock P.M. and duly recorded
in Vol. M91 of Deeds Page 1173
Evelyn Biehn County Clerk

By Ronald D. Camaral, M.D.

Fee, \$8.00

Deputy.