

# STATE OF TEXAS

## CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

25173

Aspen Title #01035957

Vol. M91 Page 1565

STATE OF TEXAS

### CERTIFICATE OF DEATH

STATE FILE NO.

39914

1. NAME OF DECEASED (Type or print) <b>John Dampier Weisinger</b>			2. SEX <b>Male</b>		3. DATE OF DEATH <b>4-18-1982</b>	
4. RACE <b>White</b>			5a. WAS THE DECEASED OF SPANISH ORIGIN? <b>No</b>		5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>----</b>	
6a. PLACE OF DEATH - COUNTY <b>Montgomery</b>			6b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Conroe</b>		6c. NAME OF (If not in hospital, give street address) <b>Doctors Hospital</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. BIRTHPLACE (State or foreign country) <b>Texas</b>		9. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10. SOCIAL SECURITY NO. <b>450-26-4693A</b>			11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rancher</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>	
13. RESIDENCE - STATE <b>Texas</b>			14. COUNTY <b>Montgomery</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>	
16. CITY OR TOWN (If outside city limits, show rural) <b>Rural (Montgomery)</b>			17. STREET ADDRESS (If rural, give location) <b>Rt. 6, Box 102</b>		18. INSIDE CITY LIMITS? <b>No</b>	
19. FATHER'S NAME <b>Thomas Ezra Weisinger</b>			20. MOTHER'S MAIDEN NAME <b>Rena Ruth Dampier</b>		21. SIGNATURE OF INFORMANT <i>John D. Weisinger</i>	
22. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))						
(a) <b>Cardiorespiratory arrest</b>						
(b) <b>Severe obstructive lung disease</b>						
(c) <b>Consecutive heart failure</b>						
23. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
24. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)						
25. DATE OF INJURY (Mo., Day, Yr.)						
26. HOUR OF INJURY						
27. DESCRIBE HOW INJURY OCCURRED						
28. INJURY AT WORK (Specify yes or no)						
29. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)						
30. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE						
31. To the best of my knowledge, death occurred at the time, date, and place and (Signature and Title) <i>John D. Weisinger</i>						
32. DATE SIGNED (Mo., Day, Yr.) <b>5-5-82</b>						
33. HOUR OF DEATH <b>11:57 P. M.</b>						
34. NAME OF ATTENDING PHYSICIAN (Type or print) <b>C. Boyle</b>						
35. To be completed by MEDICAL EXAMINER or CORONER ONLY						
36. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated: (Signature and Title) <b>TEXAS DEPARTMENT OF HEALTH</b> <b>REC'D JUN 14 1982</b>						
37. DATE SIGNED (Mo., Day, Yr.)						
38. HOUR OF DEATH						
39. PRONOUNCED DEAD (Hour)						
40. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>						
41. DATE <b>4-21-1982</b>						
42. NAME OF CEMETERY OR CREMATORY <b>Conroe Memorial Cemetery</b>						
43. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Metcalf Funeral Dr. J. R. Heller 800</b>						
44. SIGNATURE OF LOCAL REGISTRAR <b>James W. Dinkins</b>						
45. REGISTRAR'S FILE NO. <b>144</b>						
46. DATE REC'D BY LOCAL REGISTRAR <b>5-7-82</b>						

After recording, return to:  
John Weisinger Ashland, OR  
3150 Siskiyou, City, 97520

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Rule 54a, Article 4477, Revised Civil Statutes of Texas.

ISSUED NOV 16 1989

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co.  
of Jan. A.D., 19 91 at 3:32 o'clock P M., and duly recorded in Vol. M91 day  
of Deeds on Page 1565

FEE \$8.00

Evelyn Biehn, County Clerk

By Pauline Mullender