

30201

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ASPEN 91403

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3 90 25 000053

291

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
Chester		James		Main		July 5, 1990		1900 M	
4. RACE		5. SPANISH/Hispanic—Specify		6. DATE OF BIRTH—MO, DAY, YEAR		7. AGE IN YEARS		8. SEX	
White		None		September 18, 1900		89		M	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		10C. FULL MAIDEN NAME OF MOTHER	
KS		USA		Emilio Main		CO		Anna Mary Unknown	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME		16. STATE OF BIRTH	
18 to 19 to 19		545-36-9843		Married		Violet Needham		CO	
18A. USUAL OCCUPATION		18B. USUAL KIND OF BUSINESS		18C. USUAL EMPLOYER		18D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
Potato Farmer		Agriculture		Self - Employed		3		12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. COUNTY		18C. CITY		18D. ZIP CODE			
County Road #101		Modoc		Tullake		96134			
18A. PLACE OF DEATH		18B. NUMBER OF YEARS IN THIS COUNTRY		18C. STATE OR FOREIGN COUNTRY		18D. NAME, RELATIONSHIP, MAILING ADDRESS			
Home		51		California		Violet N. Main - Wife Rt. 2 - Box 166 Tullake, CA. 96134			
18D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		18E. CITY		18F. COUNTY		18G. ZIP CODE			
County Road #101		Tullake		Modoc		96134			
21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		22. IMMEDIATE CAUSE		23. INTERMEDIATE CAUSE		24. WAS DEATH REPORTED TO CORONER?		25. WAS DEATH REPORTED TO CORONER?	
(M) Congestive Heart Failure		2 days		14 Yrs.		X		X	
(C) Arteriosclerotic Heart Disease		2 days		14 Yrs.		X		X	
(I) None		2 days		14 Yrs.		X		X	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 ON 25?		28. TYPE OF OPERATION AND DATE		29. WAS IT USED IN DETERMINING CAUSE OF DEATH?		30. DATE OF INJURY	
None		Yes		Facemaker Implant 1976		Yes		7-6-90	
1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		2. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		3. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		4. DATE SIGNED			
25. MANNER OF DEATH—Specify as: natural, homicide, suicide, homicide, pending investigation of cause not yet determined		26. PLACE OF DEATH		27. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28. DATE SIGNED			
Natural		Home		Dr. [Signature]		7-6-90			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE SIGNED		35. LICENSE NUMBER			
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		34D. LICENSE NUMBER			
BU/TR		Bernal Hills Memorial Gardens-Klamath Falls		7/10/90		7641			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		36C. SIGNATURE OF LOCAL REGISTRAR		36D. REGISTRATION DATE			
Kerr Mortuary		F-87		[Signature]		July 6, 1990			
37. SIGNATURE OF STATE REGISTRAR		38. CENSUS TRACT		39. DATE SIGNED		40. LICENSE NUMBER			
[Signature]		[Signature]		[Signature]		[Signature]			

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

95 1 Hd 2 WHP 16,

STATE OF CALIFORNIA, COUNTY OF MODOC, S.S.
 I, MICHAEL FEDRICK, County Recorder, do hereby
 certify that this is a true and correct copy of the
 record recorded in this office on
 BOOK NO. 14 on PAGE 25, Witness my hand
 and official seal this 29th day of July, 1990
 By: [Signature] Deputy

Return to:
 Violet N Main
 Rt 2 Box 166
 Tullake Ca 96134

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 5th day
 of June A.D., 19 91 at 1:56 o'clock P M., and duly recorded in Vol. M91
 of Deeds on Page 10574

FEE \$8.00

Evelyn Biehn - County Clerk
 By: [Signature]