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Vol. m91 Page 11973MTC 25505 NM  
CERTIFICATE OF DEATH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>VERNA</b>		1B. MIDDLE <b>ELAINE</b>		1C. LAST (FAMILY) <b>ROBERTS</b>		2A. DATE OF DEATH—MO, DAY, YR <b>December 6, 1990</b>	
4. RACE <b>White</b>		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO, DAY, YR <b>July 9, 1917</b>		7. AGE IN YEARS <b>73</b>	
8. STATE OF BIRTH <b>TX</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10A. FULL NAME OF FATHER <b>Cuba C. Thorne</b>		10B. STATE OF BIRTH <b>TX</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>Arlevia Kerr</b>		11B. STATE OF BIRTH <b>TX</b>		12. MILITARY SERVICE? <b>19__ TO 19__ <input checked="" type="checkbox"/> NONE</b>		13. SOCIAL SECURITY NO. <b>540-32-1068</b>	
14. MARITAL STATUS <b>Widowed</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>--</b>		16A. USUAL OCCUPATION <b>Homemaker</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	
16C. USUAL EMPLOYER <b>Self Employed</b>		16D. YEARS IN OCCUPATION <b>53</b>		17. EDUCATION—YEARS COMPLETED <b>12</b>		18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>3901 Bristol Ave.</b>	
18B. CITY <b>Klamath Falls</b>		18C. ZIP CODE <b>97603</b>		19A. PLACE OF DEATH <b>Creekside Care Conv.</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>--</b>	
19C. COUNTY <b>Solano County</b>		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>585 Nut Tree Court</b>		19E. CITY <b>Vacaville</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gary Roberts - Son 232 Arrowhead Drive Vacaville, CA 95687</b>	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE <b>(A) Acute myocardial infarction</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO <b>(B) occlusive coronary artery disease</b>		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>organic brain syndrome</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>none</b>	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>11-20-90</b>		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <b>Daniel Green</b>		27C. PHYSICIAN'S LICENSE NUMBER <b>6-36444</b>		27D. DATE SIGNED <b>12-7-90</b>	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Daniel Green, M.D., 1234 Empire St., Fairfield, CA</b>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>Thomas Channon</b>		28B. DATE SIGNED <b>DEC 10 1990</b>		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>30A. PLACE OF INJURY</b>	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR <b>31. HOUR</b>		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) <b>Burial</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Eternal Hills Memorial Gardens Klamath Falls, OR 97601</b>		34C. DATE MO, DAY, YEAR <b>12-13-90</b>		35A. SIGNATURE OF EMBALMER <b>Leslie Richards</b>	
35B. LICENSE NUMBER <b>7124</b>		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Vaca Hills Chapel</b>		36B. LICENSE NO. <b>FD-1297</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>Thomas Channon</b>	
38. REGISTRATION DATE <b>DEC 10 1990</b>		39. STATE REGISTRAR <b>A.</b>		40. B.		41. C.	
42. D.		43. E.		44. F.		45. CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

AFTER RECORDED RETURN TO:  
Gary Roberts  
232 Arrow Head Dr.  
Vacaville, CA 95687

THIS IS A TRUE AND CORRECT COPY  
OF THE DOCUMENT ON FILE IN THE  
SOLANO COUNTY DEPARTMENT OF PUBLIC  
HEALTH, VALLEJO, CALIFORNIA

*Thomas Channon*  
HEALTH OFFICER AND LOCAL REGISTRAR

DATE: **DEC 13 1990**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 21st day  
of June A.D., 19 91 at 3:50 o'clock P M., and duly recorded in Vol. M91  
of Deeds on Page 11973

FEE \$8.00

Evelyn Biehn County Clerk  
By *Pauline Mulendore*