32782

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CERTIFICATE OF DEATH 3-87-04 000917

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

- 1A. NAME OF DECEDENT—FIRST: RICHARD
- 1B. MIDDLE: WAYNE
- 1C. LAST: MOORE
- 2A. DATE OF DEATH (MONTH, DAY, YEAR): June 23, 1987
- 2B. HOUR: 1450
- 3. SEX: Male
- 4. RACE/ETHNICITY: White/American
- 5. SPANISH/HISPANIC: NO ☒
- 6. DATE OF BIRTH: February 22, 1987
- 7. AGE: 50 YEARS
- IF UNDER 1 YEAR: MONTHS / DAYS
- IF UNDER 24 HOURS: HOURS / MINUTES
- 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): ARIZONA
- 9. NAME AND BIRTHPLACE OF FATHER: CLYDE MOORE - ARKANSAS
- 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: DESSIE BAKER- MISSOURI
- 11A. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 N/A TO 19 N/A
- 12. SOCIAL SECURITY NUMBER: 572-50-5693
- 13. MARITAL STATUS: Never Married
- 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): N/A
- 15. PRIMARY OCCUPATION: DRAFTSMAN
- 16. NUMBER OF YEARS THIS OCCUPATION: 14
- 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): CIVIL SERVICE ADMINISTRATION
- 18. KIND OF INDUSTRY OR BUSINESS: - U.S. GOVERNMENT

USUAL RESIDENCE

- 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 185 Brookdale Dr.
- 19B.
- 19C. CITY OR TOWN: Oroville
- 19D. COUNTY: Butte
- 19E. STATE: California
- 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Self - Pre-need

AMENDED

1 OF 2

PLACE OF DEATH

- 21A. PLACE OF DEATH: ENLOE HOSPITAL
- 21B. COUNTY: Butte
- 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 5th & Esplanade
- 21D. CITY OR TOWN: Chico

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

- IMMEDIATE CAUSE (A): Cardiopulmonary arrest
- DUE TO, OR AS A CONSEQUENCE OF (B): massive hemoptysis
- DUE TO, OR AS A CONSEQUENCE OF (C): Eisenmenger's syndrome
- CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
- APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
- 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
- 24. WAS DEATH REPORTED TO CORONER?: No
- 25. WAS BIOPSY PERFORMED?: no
- 26. WAS AUTOPSY PERFORMED?: no.
- 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION / DATE

PHYSICIAN'S CERTIFICATION

- 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED
- ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 7-10-82
- I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 6.23.87
- 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: CWhitcomb
- 28C. DATE SIGNED: 6-24-1987
- 28D. PHYSICIAN'S LICENSE NUMBER: G029966
- 28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Charles Whitcomb MD. 1601 Cohasset Chico, CA. 95926

INJURY INFORMATION

- 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)

CORONER'S USE ONLY

- 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-INVESTIGATION)
- 35B. CORONER—SIGNATURE AND DEGREE OR TITLE
- 35C. DATE SIGNED

DISPOSITION

- 36. DISPOSITION: BURIAL
- 37. DATE—MONTH, DAY, YEAR: June 30, 1987
- 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Conejo Mt. Mem. Park, P.O. Box 296, Camarillo, California
- 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Robert L. Leon
- 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Scheer Memorial Chapel
- 40B. LICENSE NO.: F 975
- 41. LOCAL REGISTRAR—SIGNATURE: Chester L. Ward, M.D.
- 42. DATE ACCEPTED BY LOCAL REGISTRAR: JUN 25 1987

STATE A. B. C. D. E. F.

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

Chester L. Ward, M.D. — REGISTRAR OF VITAL STATISTICS

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

BUTTE COUNTY HEALTH DEPARTMENT
18-B County Center Drive
Oroville, California 95965

PLACE OF CERTIFICATION

DEC 04 1987

DATE OF CERTIFICATION

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

CERTIFICATE NUMBER: 3-87-04 000917

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE 15226

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Richard	Wayne	Moore

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Male	June 23, 1987	Chico, Butte

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Clyde Moore	Dessie Baker

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
6	February 22, 1987	February 22, 1937

2 OF 2

REASON FOR CORRECTION: 9.

PART III SUPPORTING AFFIDAVITS

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

FIRST SUPPORTING AFFIDAVIT

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
▶ DM Ponder	Secretary	22

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
June 25, 1987	2410 Foothill Blvd. Oroville, CA. 95966

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

SECOND SUPPORTING AFFIDAVIT

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
▶ Robert L. Lewis	Manager/Funeral Director	46

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
June 25, 1987	2410 Foothill Blvd, Oroville, CA. 95966

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
JUN 25 1987	▶ Chester L. Ward, M.D.

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

▶ Chester L. Ward, M.D. REGISTRAR OF VITAL STATISTICS

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

BUTTE COUNTY HEALTH DEPARTMENT
18-B County Center Drive
Oroville, California 95965

PLACE OF CERTIFICATION

DEC 04 1987

DATE OF CERTIFICATION

Return: Inice Maxwell
6220 Lower Wyandotte
Oroville, Ca. 95966

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Inice Maxwell

on this 5th day of Aug. A.D., 19 91
at 9:44 o'clock A M. and duly recorded
in Vol. M91 of Deeds Page 15225.

Evelyn Biehn County Clerk
By Pauline Muelenaere Deputy.

Fee, $13.00