

32784

Vol. 99 / Page 15228

3-90-C 90374

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		3. SEX	
		Raymond		Allen		Maxwell		March 6, 1990		0515		Male	
4. RACE		5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		IF UNDER 1 YEAR		IF UNDER 24 HOURS			
White/American		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		June 14, 1923		66							
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH			
OK.		U.S.A.		Jasper Maxwell		AR.		Helen Bush		OK.			
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)							
19 44 to 19 46 <input type="checkbox"/> NONE		553-38-3414		Married		Inice Moore							
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
Civil Service		Civil Service		U.S. Navy		20		10					
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE									
6270 Lower Wyandotte		Oroville		95966									
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Butte		6		California		Inice Maxwell - Wife							
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Oroville Hospital		IP/ICU		Butte		6270 Lower Wyandotte							
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER							
2767 Olive Hiway		Oroville		IMMEDIATE CAUSE (A) Cardiopulmonary Arrest		Hours							
				DUE TO (B) Coronary Artery Disease		2 Years							
				DUE TO (C)		1 OF 2							
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		27. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED					
Chronic Renal Failure, Severe Anemia, Aortic Stenosis				Nathaniel Howard M.D.		G-54153		3-7-90					
27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED							
1-10-90		Nathaniel Howard M.D., 2721 Olive Hwy., Oroville, Ca. 95966		G-54153		3-7-90							
27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED							
1-10-90		Nathaniel Howard M.D., 2721 Olive Hwy., Oroville, Ca. 95966		G-54153		3-7-90							
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED									
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR					
Natural				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		34D. SIGNATURE OF EMPLOYEE		35B. LICENSE NUMBER					
Burial		Memorial Park Cemetery Oroville, California		3-9-90		Robert L. Pearson		5448					
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE							
Scheer Memorial Chapel		F 975		Chester L. Ward, M.D.		MAR 09 1990							
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

## 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.*  
SIGNATURE OF CERTIFYING OFFICIAL

REGISTRAR OF  
VITAL STATISTICS  
OFFICIAL TITLE

Butte County Department of Public Health  
18 B County Center Drive, Oroville, CA 95965

PLACE OF CERTIFICATION

AUG 02 1991  
DATE OF CERTIFICATION

130

# AFFIDAVIT TO AMEND A RECORD

15229

3-90-04 000374

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

## PART I INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. NAME—FIRST (GIVEN) Raymond		1B. MIDDLE Allen		1C. LAST (FAMILY) Maxwell	
	2. SEX Male	3. DATE OF EVENT—MONTH, DAY, YEAR March 6, 1990		4A. CITY OF OCCURRENCE Oroville		4B. COUNTY OF OCCURRENCE Butte
	5. FULL NAME OF FATHER Jasper Maxwell				6. FULL MAIDEN NAME OF MOTHER Helen Bush	
	2 of 2					

## PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
	18A	6270 Lower Wyandotte	6220 Lower Wyandotte
	20	Inice Maxwell	Inice Maxwell
		6270 Lower Wyandotte	6220 Lower Wyandotte
		Oroville, California 95966	Oroville, California 95966
9. Incorrect information typed.			

## PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	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.			10C. DATE SIGNED 3/19/90
	10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT Korant B. Lusk	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Manager		
SECOND SUPPORTING AFFIDAVIT	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.			11C. DATE SIGNED 3/19/90
	11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT Amelia Larson	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Secretary		
STATE/LOCAL REGISTRAR USE ONLY	11D. AGE OF PERSON COMPLETING THE AFFIDAVIT Legal	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) 2410 Foothill Blvd., Oroville, California 95966	13. DATE ACCEPTED FOR REGISTRATION MAR 30 1990	
	12. OFFICE OF STATE OR LOCAL REGISTRAR OFFICE OF THE REGISTRAR OF VITAL STATISTICS			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 (REV. 1/89) 88 50348

## 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, MD REGISTRAR OF VITAL STATISTICS  
SIGNATURE OF CERTIFYING OFFICIAL OFFICIAL TITLE

Butte County Department of Public Health  
18 B County Center Drive, Oroville, CA 95965

AUG 02 1991  
DATE OF CERTIFICATION

PLACE OF CERTIFICATION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Inice Maxwell the 5th day of Aug. A.D., 19 91 at 9:44 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 15228.  
By Evelyn Biehn County Clerk

FEE \$13.00

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