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	STATE FILE	NUMBER OF DECEDENT-F		STATE	ATE OF D	Α ΄	LOCAL REGIS	TRATION DISTRA	CT AND CERTIFICAT	MANUER	
		or DECEDERIT			IC. LAST		ZA. DATE	OF DEATH R	MONTH, CAT, YEARS	28. HOU	
	Joseph 3. sex	4. RACE/ETHNIC		Stopher	McAuliff		April			0915	
			N	10	6. DATE OF BIRT	7. AGE	UP LINCES		24 HOU		
ECEDENT	Male 8. BIRTHPLAC	Cauc.	NAME AND S	HATHPLACE OF FATH	May 7, 1	916	71 ve			<u></u>	
ERSONAL	STATE OR POP	EIGN COUNTRY)			1	10. SIRTH NAME AND BIRTHPLACE OF MOTHER					
DATA	Oregon		John P.	McAuliffe	e, Ireland		Nora	O'Conn	er - Irel	and	
	11A, CITIZEN WHAT COUNTR	MILITARY	GIVE DATES OF SER	IN 12. SOCI	AL SECURITY NUMBER	13. MARITAL STA		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTE			
. !	U. S. A				-52-4130	Married		Leono	re Marie (	Codd	
. /	13. PRIMARY	CCOPATION .	16. NUMBER OF THIS OCCUPATION	YKARS 17. EM	APLOYER OF SELF-EMPL	OYED, SO STATE)	18. KIND (	OF INDUSTRY O	R BUSINESS		
	Rancher		50					Cattle			
	19A. USUAL F	IZSIDENCESTREET	ADDRESS (STREET A	IND NUMBER OR LOC	ATION 198		19C. CITY	OR TOWN	7		
USUAL	Gas Po	nt Road	(P.O. Box					Cotto	nwood		
ESIDENCE	190. COUNTY	1.0		196.	STATE	20. NAME	AND ADDRES	S OF INFORM	ANTPELATIONS	4	
	Shasta				California						
	21A. PLACE	OF DEATH		218.	COUNTY	1	k McAuli				
PLACE OF	Beverly	Manor Cor	valescent	Hosp. Sh	asta		7 Cak Ri				
DEATH	21C. STREET	ADDRESS (STREET	AND NUMBER OR L	OCATION) 121D.	CITY OR TOWN	Redo	ling, Ca	liforni	a 96001		
	1836 Go			Re	dding						
	22 DEATH W	AS CAUSED BY:	IENTER ON	LY ONE CAUSE F	PER LINE FOR A. B.	AND CI			4. WAS DEATH REP	OFFTSO	
	CONDITIONS, IF	(A)	Resp	Failure		4	Desc	APPROXI-	Nu Yes	T_1	
CAUSE	WHICH GAVE R	01.00	OR AS A CONSEQU	JENCE OF				MATE		POMIED.	
OF DEATH	THE IMMEDIATE	CAUSE. (B)	Emph	, same		4	Yours	PETWEEN	110		
	STATING THE U		OR AS A CONSECU				1-00	AND 2	8 WAS AUTOPSY P	ERFORMS	
	LYING CAUSE L	AST.		•		4		DEATH	No	ond  odd  ind  odd  ind  ind  odd  ind  in	
	23. OTHER SIG	NIFICANT CONDITION	NS-CONTRIBUTING	TO DEATH BUT NOT	RELATED TO CAUSE	GIVEN 27. WAS 05	ERATION PERPO	RUED FOR ANY	CONDITION IN ITES	13 22 00	
·	IN 224 I	nanu to	15 AS	HD		237 TYPE 0	F OPERATION	عدن	SATE		
	28A. I CENTII	THAT DEATH	OCCUPAND AT THE	T LOOP BLUE	SICIAN-SIGNATURE A	NO DEGREE OR TITLE			PHYSICIAN'S LICEN	36 *****	
PHYSI- CIAN'S	STATED.		FROM THE CAUSES	1 /		2 - <del>25/3</del>	F) 4-9	aca:			
RTIFICA-	ENTER MO.	DA. YR.J	ST SAW DECEDENT	AUVE 1 28E, TYPE	PHYSICIAN'S NAME	AND ADDRESS			335460		
TION	_3-	9-87 .	3-18-88	i			Lang M.	Dayton,	MD		
	29. SPECIFY AC	CIDENT, SUICIDE, ETC	30. PLACE	OPINJURY	Liberty Str		NG, CA		AY, YEAR 1 328. W		
YRULNI							and darked he	O-1	32B		
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TION							ANED IZVENIE	AUNCH MEROF 15	DA HOORT,		
RONER'S	35A 1 C860F	THAT DEATH OCC	URRED AT THE HOU	- DITT 1:- 0: 10:							
ONLY	THE CAUSES S	TATED. AS REQUIRE	D BY LAW I HAVE H	IELD AN (INQUEST-IN	VESTIGATION 352	LORONER-SIGN	ATURE AND DEGR	EE OR TITLE	35C. D4	TE SIGNES	
S. DISPOSITIO	ON 137, DA	TE-MONTH, DAY, YE	EAR   38. NAME AND	ADDRESS OF CEMEN	FRY OR CREWATORY	<del></del>	1 30 5		SE NUMBER AND BIG		
			1				ì		. 11	MATURE	
	1 4		δ ΙΜουπί ()	alvary Cer	motory Vla	E-33 -	720	Slook	Chamire	10	
urial	Apr:	11 13, 198	GASSUCHI 40B 16	CENSENO A	HELETA VIS	main rails	<u>OR 738</u>				
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А мамеоря сDопа1	UNERAL DIFECTO	el, Reddin	G AS SUCH) 40B. LIC	77	indi)	Ry SIGNATURE	allo "		ACCEPTED BY LOCAL	REGISTRA	
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