

41092

MTC 2058 NM
CERTIFICATE OF DEATH
 STATE OF CALIFORNIA

Vol 92 Page 3217

3-85-12-000870

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH MONTH, DAY, (Approx.) HOUR	
WILLIAM		October 6, 1985 1300 hrs.	
1B. MIDDLE		1C. LAST	
JOHN		STACKHOUSE, JR.	
3. SEX		6. DATE OF BIRTH	
Male		November 3, 1953	
4. RACE/ETHNICITY		7. AGE	
White		31 YEARS	
5. SPANISH/HISPANIC		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
NO		Anna Richardson - NB	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME	
CA		Anita Louise Allred	
9. NAME AND BIRTHPLACE OF FATHER		18. KIND OF INDUSTRY OR BUSINESS	
William John Stackhouse, Sr. - NJ		Trucking	
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
U.S.A.		563-98-3757	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		13. MARITAL STATUS	
19 TO 19		Married	
15. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Truckdriver		Self-employed	
16. NUMBER OF YEARS THIS OCCUPATION		19C. CITY OR TOWN	
15		Bonanza	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Blacktail Road		Anita Louise Stackhouse - Wife	
19D. COUNTY		P.O. Box 282	
Klamath		Bonanza, OR 97623	
21A. PLACE OF DEATH		21B. COUNTY	
Wooded area front of the Dave Reynolds residence		Humboldt	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Approx. 11.3 miles on the Johnson Road from the Bald Hills Road		Orick	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) Bisected Cervical Vertebrae.		Yes	
(B) Through and Through Gunshot Wound of the Neck.		23. WAS SHOET PERFORMED?	
(C) Due to, or as a consequence of		No	
25. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26. WAS AUTOPSY PERFORMED?	
		Yes	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28C. DATE SIGNED	
LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28D. PHYSICIAN'S LICENSE NUMBER	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
Homicide		Remote Mountainous Area	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, (Approx.) HOUR	
No		October 6, 1985 1300 hrs.	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
Approx. 11.3 Miles on the Johnson Road, from the Bald Hills Road, - Orick, CA		victim suffered a gunshot wound by the hands of another. (300 Savage Rifle)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HOLD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
Investigation		Edgar K. Moore Assistant	
35C. DATE SIGNED		10/10/85	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Cremation		Oct. 10, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Ocean View Crematory, Eureka, CA		Not Embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
Donald Edwards - Friend -		Paul W. Anderson	
40B. LICENSE NO.		42. DATE ACCEPTED BY LOCAL REGISTRAR	
N/A		OCT 10, 1985	
STATE REGISTRAR			

CERTIFICATION STATEMENT

This is to certify that the above is a true copy of facts recorded on the death record of the above named decedent as registered in this office.

SIGNATURE OF CERTIFYING OFFICIAL:

OFFICIAL TITLE
Health Officer

PLACE OF CERTIFICATION
Eureka, California 95501

DEPUTY REGISTRAR:

DATE OF CERTIFICATION:
OCT 25 1985

Humboldt-Del Norte County Health Department
Vital Statistics Registration

AFTER RECORDING RETURN TO:
ANITA STACKHOUSE
118 E. "I" Street
Ontario, CA 91764

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 14th day of Feb. A.D., 19 92 at 4:11 o'clock PM., and duly recorded in Vol. M92 of Deeds on Page 3217

FEE \$10.00

Evelyn Biehn County Clerk
By Pauline Muelendore