

41729

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. 92 Page 4425

4500 1151

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST HELEN		2A. DATE OF DEATH (MONTH, DAY, YEAR) December 27, 1983	
1B. MIDDLE NAOMI		2B. HOUR 1200	
3. SEX Female		7. AGE 87 YEARS	
4. RACE/ETHNICITY Cauc.		8. DATE OF BIRTH October 1, 1896	
5. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Florida		9. NAME AND BIRTHPLACE OF FATHER John Thompson, No Rec.	
11. CITIZEN OF WHAT COUNTRY U. S. A.		12. SOCIAL SECURITY NUMBER 543-30-9459	
15. PRIMARY OCCUPATION Homemaker		16. NUMBER OF YEARS THIS OCCUPATION Adult Life	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1038 High Street		19B. CITY OR TOWN Klamath Falls	
19C. COUNTY Klamath		19D. STATE Oregon	
21A. PLACE OF DEATH Memorial Hospital		21B. COUNTY Shasta	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1450 Liberty Street		21D. CITY OR TOWN Redding	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Carcinoma of Pancreas (B) 6 mos (C) Cholelithiasis - jejunostomy		24. WAS DEATH REPORTED TO CORONER? NO	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Anemia - chronic blood loss		25. WAS BIOPSY PERFORMED? YES	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Cholelithiasis - jejunostomy		26. WAS AUTOPSY PERFORMED? NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.) July 1983 / 12/26/83		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Robert E. Milton MD	
28C. DATE SIGNED 12/28/83		28D. PHYSICIAN'S LICENSE NUMBER A 19222	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		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	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR Dec. 30, 1983	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Klamath Mem. Park, Klamath Falls, Ore.		39. EMBALLER—LICENSE NUMBER AND SIGNATURE 7303 Robert Mauer	
40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH McDonald's Chapel, Redding		40B. LICENSE NO. 177	
41. LOCAL REGISTRAR—SIGNATURE Margaret L. Palin, Deputy		42. DATE ACCEPTED BY LOCAL REGISTRAR DEC 29 1983	
STATE REGISTRAR		A. B. C. D. E. F.	

CERTIFICATION STATEMENT

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

DATED: DEC 29 1983

Stephen J. Frank
Stephen J. Frank, M.D., Dr. P.H.
Registrar of Vital Statistics
Shasta County Health Department
2650 Hospital Lane
Redding, CA 96001

VITALS STATEMENT MUST SHOW EMBOSSEMENT OF COUNTY SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 3rd day
of March A.D., 19 92 at 2:50 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 4425

FEE \$10.00

By Evelyn Biehn County Clerk

Return: MTC