

CERTIFICATE OF DEATH STATE OF CALIFORNIA

4800

1076

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST Donald		1B. MIDDLE Baillie		1C. LAST Law		2A. DATE OF DEATH (MONTH, DAY, YEAR) August 11, 1985		2B. HOUR 1705	
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH May 13, 1913		7. AGE 72		8. UNDER 1 YEAR 72	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Oregon		9. NAME AND BIRTHPLACE OF FATHER Gordon Forbes Law / Scotland						10. BIRTH NAME AND BIRTHPLACE OF MOTHER Annie Baillie / Scotland			
11A. CITIZEN OF WHAT COUNTRY USA		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19-- TO 19--		12. SOCIAL SECURITY NUMBER 575-03-5267		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BOTH NAME AND BIRTH NAME) Irene Schaump			
15. PRIMARY OCCUPATION Purchasing Agent		16. NUMBER OF YEARS THIS OCCUPATION 25 yrs.		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Basic Vegetable Prod. Co.		18. KIND OF INDUSTRY OR BUSINESS Food Processing					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 121 Chestnut Street		19B.		19C. CITY OR TOWN Vacaville							
19D. COUNTY Solano		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Irene S. Law (Wife) 121 Chestnut Street Vacaville, California 95688							
21A. PLACE OF DEATH Residence		21B. COUNTY Solano									
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 121 Chestnut St.		21D. CITY OR TOWN Vacaville									
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		(A) Gunshot wound to head with destruction of left cerebellum and brainstem.		(B) DUE TO, OR AS A CONSEQUENCE OF		(C) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER? Yes	
25. WASopsy PERFORMED? No		26. WAS AUTOPSY PERFORMED? Yes									
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION None									
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.)) LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.))		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER					
28E. TYPE PHYSICIAN'S NAME AND ADDRESS											
29. SPECIFY ACCIDENT, SUICIDE, ETC. Suicide		30. PLACE OF INJURY Home		31. INJURY AT WORK No		32A. DATE OF INJURY—MONTH, DAY, YEAR August 11, 1985		32B. HOUR Fd. 1705			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 121 Chestnut St. Vacaville		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Self inflicted gunshot wound to head.									
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HIELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE James E. O'Brien, Coroner		35C. DATE SIGNED 8-14-85							
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Aug. 15, 1985		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Fairmont Memorial Park-Fairfield, Ca.		39. CORONER'S LICENSE NUMBER AND SIGNATURE #4445, [Signature]					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McCune Garden Chapel		40B. LICENSE NO. #388		41. LOCAL REGISTRAR—SIGNATURE [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR AUG 16 1985					
STATE REGISTRAR		A.		B.		C.		D.		E.	

RETURN TO:
BRIAN R. LAW
3215 BUCKEYE CT.
NAPA, CALIFORNIA 94558

THIS IS A TRUE AND CORRECT COPY
OF THE DOCUMENT ON FILE IN THE
SOLANO COUNTY DEPARTMENT OF PUBLIC
HEALTH, VALLEJO, CALIFORNIA

HEALTH OFFICER AND LOCAL REGISTRAR

DATE:

JAN 6 1986

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 15th day
of April A.D., 19 92 at 9:30 o'clock A.M., and duly recorded in Vol. M92,
of Deeds on Page 7894.

FEE \$10.00

Evelyn Biehn County Clerk

By Pauline Mullendore