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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1500 1803
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

Field	Entry
1A. Name of Decedent—First	Claude
1B. Middle	Maynard
1C. Last	Townsend
2A. Date of Death (Month, Day, Year)	July 17 1981
2B. Hour	0940
3. Sex	Male
4. Race	White
5. Ethnicity	
6. Date of Birth	April 17 1910
7. Age	71 years
8. Birthplace of Decedent (State or Foreign Country)	Michigan
9. Name and Birthplace of Father	Verne Townsend, Michigan
10. Birth Name and Birthplace of Mother	Flossie A. Spies Michiga
11. Citizen of What Country	U.S.
12. Social Security Number	567 09 9133
13. Marital Status	Married
14. Name of Surviving Spouse (If wife, enter birth name)	Flossie May Morris
15. Primary Occupation	Machinist
16. Number of Years This Occupation	Life
17. Employer (If self-employed, so state)	Garment Hangar Co.
18. Kind of Industry or Business	Wire Garment Hangar
19A. Usual Residence—Street Address	473 Easy Street
19B.	OX-51
19C. City or Town	Onyx
19D. County	Kern
19E. State	CA
20. Name and Address of Informant—Relationship	Flossie Townsend (Wife), P.O. Box 255, Onyx, CA 93255
21A. Place of Death	DOA Kern Valley Hospital
21B. County	Kern
21C. Street Address	6412 Laurel Ave.
21D. City or Town	Lake Isabella
22. Death was caused by: (Enter only one cause per line for A, B, and C) Immediate Cause (A)	Acute myocardial infarct — Approximate interval between onset and death: Acute
Due to, or as a consequence of (B)	ASHD — Several years
Due to, or as a consequence of (C)	
23. Other Conditions Contributing but not Related to the Immediate Cause of Death	
24. Was Death Reported to Coroner	Yes
25. Was Biopsy Performed	no
26. Was Autopsy Performed	no
27. Was Operation Performed for any Condition in Items 22 or 23 — Type of Operation	cardiac bypass
Date	1978
28A. I certify that death occurred at the hour, date and place stated from the causes stated. I Attended Decedent Since	1/30/80
I Last Saw Decedent Alive	7/13/81
28B. Physician—Signature and Degree or Title	D Faulstick MD
28C. Date Signed	7/20/81
28D. Physician's License Number	G4497
28E. Type Physician's Name and Address	Dyrel Faulstick, M.D. 1925 17th St. Bakersfield, CA 93301
29. Specify Accident, Suicide, etc.	
30. Place of Injury	
31. Injury at Work	
32A. Date of Injury—Month, Day, Year	
32B. Hour	
33. Location (Street and number or location and city or town)	
34. Describe How Injury Occurred (Events which resulted in injury)	
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	7/22/81
38. Name and Address of Cemetery or Crematory	Fairhaven Mem. Park Santa Ana, CA
39. Embalmer's License Number and Signature	5026 Martin E Kearns
40. Name of Funeral Director (or person acting as such)	Valley Mortuary
41. Local Registrar—Signature	Leon M. Hebertson, M.D.
42. Date Accepted by Local Registrar	JUL 20 1981

STATE REGISTRAR A. B. C. D. E. F.

This is to certify that this is a true copy of the document on file in this office. Leon M. Hebertson, M.D. Local Registrar of Vital Statistics, Kern County Health Department, Bakersfield, CA 93305

AUG 3 1981

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 20th day of April A.D., 19 92 at 10:22 o'clock AM., and duly recorded in Vol. M92, of Deeds on Page 8327.

Evelyn Biehn County Clerk

By Pauline Mulendore

FEE $10.00

Return: MTC