47080

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
RALPH	CATHER	NOTTINGHAM	September 14, 1991	1745	M

4. RACE	5. HISPANIC — SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
White	[ ] YES [X] NO	June 25, 1914	77				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
CA	USA	Leroy Nottingham	IL	Katherine Dempsey	PA

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19__ TO 19__ [X] NONE	549-05-3000	Married	Inez W. Linscott

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. LAST EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Field Engineer	Petroleum	Atlantic Richfield Oil Company	20	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
4837 Cebrian	New Cuyama	93254

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santa Barbara	50	California	Inez W. Nottingham (Wife) 4837 Cebrian New Cuyama, Ca 93254

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence	--	Santa Barbara

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
4837 Cebrian	New Cuyama

CAUSE OF DEATH

TIME INTERVAL BETWEEN ONSET AND DEATH

22. WAS DEATH REPORTED TO CORONER? [X] YES REFERRAL NUMBER CNR91-269 [X] NO

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Congestive Heart Failure. ▶ MONTHS

DUE TO (B) Cardiomyopathy. ▶ YEARS

DUE TO (C) Coronary Artery Disease. ▶ YEARS

23. WAS BIOPSY PERFORMED? [ ] YES [X] NO

24A. WAS AUTOPSY PERFORMED? [ ] YES [X] NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? [ ] YES [ ] NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Malignant Melanoma

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: No.

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
3-1-89	8-5-91	MD.	A 39601	9-16-91

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Kishor D. Popat, M.D., 210 South Palisade Drive, Santa Maria, CA93454

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶ 28B. DATE SIGNED

29. MANNER OF DEATH	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		[ ] YES [ ] NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO., DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR-BAS	Pacific Ocean, Off Guadalupe Beach, Guadalupe, California	09-17-91	Not Embalmed	None

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Dudley-Hoffman Mortuary	56	▶ Sarah A. Miller M.D.	09-17-91

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-90) MAKE NO ERASURE, WHITEOUTS, OR OTHER ALTERATIONS

SANTA BARBARA COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the certificate on file in this office.

FEE PAID SEP 17 1991

Sarah Miller, M.D.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Tim Nay the 6th day of July A.D., 19 92 at 2:48 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 14680.

Evelyn Biehn, County Clerk
By Pauline Mulkey

FEE $10.00

Return: Tim Nay
6720 SW Macadam #200, Portland, Or. 97219