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47089

SAN DIEGO DEPARTMENT OF PUBLIC HEALTH 1700 PACIFIC HWY, SAN DIEGO, CA 92101
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO
DEPARTMENT OF HEALTH, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

Donald L. Rumbaugh M.D.
REGISTRAR

FEE PAID: $3.00
DATED: APR 27 1931

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000 04229
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST: CLARENCE
1B. MIDDLE: CHARLES
1C. LAST: GIFFORD
2A. DATE OF DEATH (MONTH, DAY, YEAR): April 13, 1981
2B. HOUR: 1245
3. SEX: Male
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: June 10, 1913
7. AGE: 67 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Kentucky
9. NAME AND BIRTHPLACE OF FATHER: Watt Gifford - Kentucky
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Violett Hitch - KY
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 404-12-9695
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Pearl Bratton
15. PRIMARY OCCUPATION: Master Gunnery Sgt.
16. NUMBER OF YEARS THIS OCCUPATION: 34
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): U.S. Marine Corp.
18. KIND OF INDUSTRY OR BUSINESS: U.S. Government
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1891 Winterwarm Drive
19B.
19C. CITY OR TOWN: Fallbrook
19D. COUNTY: San Diego
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Pearl M. Gifford - Wife
1891 Winterwarm Drive
Fallbrook, Ca. 92028
21A. PLACE OF DEATH
21B. COUNTY: San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1891 Winterwarm Road
21D. CITY OR TOWN: Fallbrook

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22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE: (A) Pending
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST: (B) DUE TO, OR AS A CONSEQUENCE OF
(C) DUE TO, OR AS A CONSEQUENCE OF
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
22. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED?
26. WAS AUTOPSY PERFORMED? Yes
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:
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. (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.
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 MADE AN (INQUEST/INVESTIGATION) Investigation
35B. CORONER—SIGNATURE AND DEGREE OR TITLE: DAVID J. STARK, Coroner
By: Deputy Coroner Selwyn J. Thomas
35C. DATE SIGNED: 4-14-81
36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 4-17-81
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: El Camino Memorial Park, San Diego, CA.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 4190 Robert McAlister
40. NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE: El Camino Mortuary
41. LOCAL REGISTRAR—SIGNATURE: Donald L. Rumbaugh M.D.
DATE: APR 15 1981
STATE REGISTRAR
A. B. C. D. E. F.

RETURN TO:
CLARENCE CHARLES GIFFORD, II
47525 DEPORTOLA RD.
TEMECULA, CALIFORNIA 92592

14708

THIS FORM MUST BE COMPLETED IN BLACK INK

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

(INSTRUCTIONS ON REVERSE)

STATE CERTIFICATE NUMBER: CC-834-81

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 8000 04229

(IDENTIFICATION OF THE RECORD)

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Clarence	Charles	Gifford

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
Fallbrook	April 13, 1981	April 15, 1981

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(A) Pending

(B) DUE TO, OR AS A CONSEQUENCE OF

(C) DUE TO, OR AS A CONSEQUENCE OF

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED?

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION / DATE

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)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(A) Bronchopneumonia, bilateral

(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. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Degenerative brain disease

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION: No / DATE

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)

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

6a. SIGNATURE OF PHYSICIAN OR CORONER: David J. Stark — 6b. DATE SIGNED: 4-22-81

7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): DAVID J. STARK — 7b. DEGREE OR TITLE: Coroner

7c. ADDRESS (STREET, CITY, STATE): 5555 Overland Avenue, San Diego, California

REGISTRAR'S OFFICE

8a. [illegible] — 8b. DATE FILED: APR 27 1981

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — FORM VS-24B (REV. 10-78)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 7th day of July A.D., 19 92 at 10:07 o'clock AM., and duly recorded in Vol. M92, of Deeds on Page 14707.

Evelyn Biehn County Clerk

By Deputy

FEE $15.00