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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

8000

1. SEX female		2. RACE white		3. ETHNICITY P.		4. LAST MOORE		5. DATE OF BIRTH December 1, 1912		6. AGE 69		7. IF UNDER 1 YEAR MONTHS		8. IF UNDER 24 HOURS HOURS		9. IF UNDER 60 MINUTES MINUTES		10. DATE OF DEATH (MONTH, DAY, YEAR) July 11, 1982		11. HOUR 2057			
12. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA				13. NAME AND BIRTHPLACE OF FATHER Robert E. Moffat-Scotland				14. BIRTH NAME AND BIRTHPLACE OF MOTHER Mary Patterson -Scotland				15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER FULL NAME) William M. Moore				16. KIND OF INDUSTRY OR BUSINESS homemaking				17. CITY OR TOWN Klamath Falls			
18. PRIMARY OCCUPATION Homemaker				19. NUMBER OF YEARS THIS OCCUPATION adult life				20. EMPLOYER (IF SELF-EMPLOYED, SO STATE) self-employed				21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Box 79A Harriman Route				22. COUNTY Klamath				23. STATE Oregon			
24. PLACE OF DEATH Grossmont Hospital				25. COUNTY San Diego				26. CITY OR TOWN La Mesa				27. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP William M. Moore - Husband				28. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Box 79 A Harriman Route				29. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Klamath Falls, Oregon 97601			
30. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 5555 Grossmont Center Drive				31. STATE La Mesa				32. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP William M. Moore - Husband				33. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Box 79 A Harriman Route				34. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Klamath Falls, Oregon 97601							
35. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE				36. (A) Acute coronary occlusion with myocardial infarction 4 hours				37. (B) Arteriosclerotic vascular disease 15 years				38. (C) Diabetes Mellitus 10 years				39. WAS DEATH REPORTED TO CORONER? Yes							
40. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST				41. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				42. WAS BIOPSY PERFORMED? No				43. WAS AUTOPSY PERFORMED? No				44. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? None							
45. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None				46. TYPE OF OPERATION None				47. DATE SIGNED 7-12-82				48. PHYSICIAN'S LICENSE NUMBER A09410				49. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 1-02-47							
50. I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.) 7-11-82				51. TYPE PHYSICIAN'S NAME AND ADDRESS Harold Peterson, M.D. 6244 El Cajon Blvd. #28, San Diego, CA				52. SPECIFY ACCIDENT, SUICIDE, ETC.				53. PLACE OF INJURY				54. INJURY AT WORK							
55. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				56. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				57. CORONER—SIGNATURE AND DEGREE OR TITLE				58. DATE SIGNED				59. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed							
60. 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-INVIGATION)				61. DATE ACCEPTED BY LOCAL REGISTRAR JUL 13 1982				62. STATE REGISTRAR A.				63. STATE REGISTRAR B.				64. STATE REGISTRAR C.							
65. DISPOSITION Cremation				66. DATE—MONTH, DAY, YEAR 7-13-82				67. NAME AND ADDRESS OF CEMETERY OR CREMATORY Cypress View Crematory, San Diego, CA				68. NAME OF FEDERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benbough 480				69. LOCAL REGISTRAR SIGNATURE Donald L. Cameros, M.D.							
70. NAME OF FEDERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benbough 480				71. LOCAL REGISTRAR SIGNATURE Donald L. Cameros, M.D.				72. DATE ACCEPTED BY LOCAL REGISTRAR JUL 13 1982				73. STATE REGISTRAR A.				74. STATE REGISTRAR B.							
75. STATE REGISTRAR A.				76. STATE REGISTRAR B.				77. STATE REGISTRAR C.				78. STATE REGISTRAR D.				79. STATE REGISTRAR E.							
80. STATE REGISTRAR F.				81. STATE REGISTRAR G.				82. STATE REGISTRAR H.				83. STATE REGISTRAR I.				84. STATE REGISTRAR J.							

After Recording Return to:
William M. Moore
9232 Single Oak Dr
Lakeside, CA 92040

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 17th day
of Aug. A.D., 19 92 at 10:41 o'clock A M., and duly recorded in Vol. M92
of Deeds on Page 18294

Evelyn Biehn - County Clerk

By Orville M. Mullen

FEE \$10.00