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MTC 28202 HF

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

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1354

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER												
1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret			1B. MIDDLE Jane		1C. LAST (FAMILY) Evans	2A. DATE OF DEATH—MO. DAY, YR. May 3, 1992		2B. HOUR 1613	3. SEX F						
4. RACE Caucasian			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. DATE OF BIRTH—MO. DAY, YR. October 7, 1933		7. AGE IN YEARS 58							
8. STATE OF BIRTH CO		9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Harold Lininger		10B. STATE OF BIRTH CO		11A. FULL MAIDEN NAME OF MOTHER Helen Miller		11B. STATE OF BIRTH CO					
12. MILITARY SERVICE? 19 TO 19 <input checked="" type="checkbox"/> NONE			13. SOCIAL SECURITY NO. 570-42-2527		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME Earnest Evans								
16A. USUAL OCCUPATION Homemaker			16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home		16C. USUAL EMPLOYER Own Self		16D. YEARS IN OCCUPATION 15		17. EDUCATION—YEARS COMPLETED 11						
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4212 Sand Brook Way						18B. CITY Bakersfield		18C. ZIP CODE 93307							
18D. COUNTY Kern						18E. NUMBER OF YEARS IN THIS COUNTY 33		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Earnest Evans - Husband 4212 Sand Brook Way Bakersfield, CA 93307					
19A. PLACE OF DEATH Golden State Convalescent Hosp.						19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ---		19C. COUNTY Kern		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <u>CARDIAC ARREST</u> DUE TO (B) <u>END STAGE RENAL DISEASE</u> DUE TO (C) <u>HYPERKALEMIA</u> 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <u>MULTIPLE CVA's</u>					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 730 34th St.						19E. CITY Bakersfield		TIME INTERVAL BETWEEN ONSET AND DEATH LESS THAN 1/2 HRS MANY YEARS 2 weeks		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <u>C-0575-92</u> <input type="checkbox"/> NO					
23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO									
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 04/10/92						27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <u>Chan Nguyen MD</u>						27C. CERTIFIER'S LICENSE NUMBER G073499		27D. DATE SIGNED 05/04/92	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Chan Nguyen, M.D., 3551 Q St., Bakersfield, CA						28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <u>[Signature]</u>						28B. DATE SIGNED			
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined						30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
34A. DISPOSITION(S) Burial						34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Greenlawn Memorial Park 3700 River Blvd., Bakersfield, CA		34C. DATE MO. DAY, YEAR 5/6/1992		35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER ---			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Greenlawn Mortuary						36B. LICENSE NO. 779		37. SIGNATURE OF LOCAL REGISTRAR <u>BABATUNDE JINADU, M.D.</u>		38. REGISTRATION DATE MAY 05 1992					
STATE REGISTRAR A. B. C. D. E. F.						CENSUS TRACT BK-06									

Upon Recording return: EARNES EVANS
4212 Sand Brook Way
Bakersfield, CA 93307THIS IS TO CERTIFY THAT THIS IS
A TRUE COPY OF THE DOCUMENT ON FILE
AT THE LOCAL REGISTRAR VITAL STATISTICS,
KERN COUNTY HEALTH DEPARTMENT, 1700 FLOWER
STREET, BAKERSFIELD, CA. 93305

DATE ISSUED: SEP 03 1992

BABATUNDE JINADU, M.D., MPH
LOCAL REGISTRAR OF VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 8th day
of Sept. A.D., 19 92 at 2:05 o'clock PM., and duly recorded in Vol. M92,
of Deeds on Page 20488.

FEE \$10.00

Evelyn Biehn, County Clerk

By Dorene Neillandore