

53530

after recording return to:
Olva E. Selle
1420 Visalia Street
Oxnard, California 93035

92 NOV 0 AM 11 20

Vol. m92 Page 26400

ASPD 02039018
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5600

0970

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Gloria		March 31, 1988	
1B. MIDDLE		2B. HOUR	
R.		0420	
3. SEX		7. AGE	
Female		59 YEARS	
4. RACE/ETHNICITY		8. DATE OF BIRTH	
White		October 23, 1928	
5. SPANISH/HISPANIC		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
NO		Helen Hurley UT	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		14. NAME OF SURVIVING SPOUSE (WIFE, ENTER BIRTH NAME)	
UT		Olav E. Selle	
9. NAME AND BIRTHPLACE OF FATHER		16. KIND OF INDUSTRY OR BUSINESS	
Emeron Reeves UT		Home	
11A. CITIZEN OF WHAT COUNTRY		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
USA		Self	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		18. CITY OR TOWN	
19 NA TO 19 NA		Oxnard	
12. SOCIAL SECURITY NUMBER		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
530-16-6230		1420 Visalia Street	
13. MARITAL STATUS		19B. COUNTY	
Married		Ventura	
15. PRIMARY OCCUPATION		19C. STATE	
Housewife		California	
16. NUMBER OF YEARS THIS OCCUPATION		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
34		Mr. Olav E. Selle Husband	
17. EMPLOYER OF SELF-EMPLOYED, SO STATE		1420 Visalia Street	
Self		Oxnard, California 93033	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21A. PLACE OF DEATH	
1420 Visalia Street		St. John's Regional Med Ctr	
19B. COUNTY		21B. COUNTY	
Ventura		Ventura	
19C. STATE		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
California		333 North F Street	
21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
Oxnard		(A) Carcinomatosis	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		(B) Renal Cancer	
(A) Carcinomatosis		(C)	
(B) Renal Cancer		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
(C)		no	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
no		no	
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
no		yes	
25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
yes		no	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
no		right nephrectomy	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
right nephrectomy		4/1/88	
28. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
4/1/88		A21697	
28D. PHYSICIAN'S LICENSE NUMBER		29. TYPE PHYSICIAN'S NAME AND ADDRESS	
A21697		Dr. Kooros Parsa, MD/500 Esplanade Dr/Oxnard, CA	
29. TYPE PHYSICIAN'S NAME AND ADDRESS		30. PLACE OF INJURY	
Dr. Kooros Parsa, MD/500 Esplanade Dr/Oxnard, CA		31. INJURY AT WORK	
30. PLACE OF INJURY		32A. DATE OF INJURY—MONTH, DAY, YEAR	
31. INJURY AT WORK		32B. HOUR	
32A. DATE OF INJURY—MONTH, DAY, YEAR		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
32B. HOUR		35. CORONER—SIGNATURE AND DEGREE OR TITLE	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35C. DATE SIGNED	
35. CORONER—SIGNATURE AND DEGREE OR TITLE		36. DISPOSITION	
35C. DATE SIGNED		Burial	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Burial		Apr 5, 1988	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Apr 5, 1988		Ivy Lawn Memorial Park/Ventura, CA	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
Ivy Lawn Memorial Park/Ventura, CA		James A. Reardon Mortuary	
39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
James A. Reardon Mortuary		725	
40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
725		APR 01 1988	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
APR 01 1988		42. DATE ACCEPTED BY LOCAL REGISTRAR	
42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR—SIGNATURE	
43. STATE REGISTRAR—SIGNATURE		44. DATE SIGNED	
44. DATE SIGNED		45. SIGNATURE OF DEPUTY REGISTRAR	
45. SIGNATURE OF DEPUTY REGISTRAR		46. DATE SIGNED	
46. DATE SIGNED		47. SIGNATURE OF DEPUTY REGISTRAR	
47. SIGNATURE OF DEPUTY REGISTRAR		48. DATE SIGNED	
48. DATE SIGNED		49. SIGNATURE OF DEPUTY REGISTRAR	
49. SIGNATURE OF DEPUTY REGISTRAR		50. DATE SIGNED	
50. DATE SIGNED		51. SIGNATURE OF DEPUTY REGISTRAR	
51. SIGNATURE OF DEPUTY REGISTRAR		52. DATE SIGNED	
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89. SIGNATURE OF DEPUTY REGISTRAR		90. DATE SIGNED	
90. DATE SIGNED		91. SIGNATURE OF DEPUTY REGISTRAR	
91. SIGNATURE OF DEPUTY REGISTRAR		92. DATE SIGNED	
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93. SIGNATURE OF DEPUTY REGISTRAR		94. DATE SIGNED	
94. DATE SIGNED		95. SIGNATURE OF DEPUTY REGISTRAR	
95. SIGNATURE OF DEPUTY REGISTRAR		96. DATE SIGNED	
96. DATE SIGNED		97. SIGNATURE OF DEPUTY REGISTRAR	
97. SIGNATURE OF DEPUTY REGISTRAR		98. DATE SIGNED	
98. DATE SIGNED		99. SIGNATURE OF DEPUTY REGISTRAR	
99. SIGNATURE OF DEPUTY REGISTRAR		100. DATE SIGNED	

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Aspen Title Co
on this 9th day of Nov. A.D., 19 92
at 11:20 o'clock A M. and duly recorded
in Vol. M92 of Deeds Page 26400.
Evelyn Biehn County Clerk
By Pauline Mullens Deputy.

Fee, \$10.00

THIS IS A TRUE CERTIFIED COPY OF THE
RECORD FILED IN THE COUNTY OF VENTURA,
HEALTH SERVICES AGENCY, IF IT BEARS THIS
SEAL IN RED INK.



APR 5 1988

DATE

LAWRENCE E. DODD, M.D., Health Officer
and Registrar