

# **CERTIFICATE OF DEATH** STATE OF CALIFORNIA USE BLACK INK ONLY

39154

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)
GEORGE		WARREN	SHAFFER
4. RACE		5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR.
CAUC.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OCTOBER 8, 1925
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER
IN		USA	LEWIS C. SHAFFER
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.	14. MARITAL STATUS
19 43 TO 19 45 <input type="checkbox"/> NONE		572-20-8272	MARRIED
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER
SUPERVISOR EXPIDITER		WHOLESALE AIRCRAFT PARTS	LOCKHEED AIR CRAFT CO
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY	18C. ZIP CODE
25321 LONG DR.		LEMON COVE	93244
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
TULARE		13	CALIFORNIA
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
MEMORIAL HOSPITAL AT EXETER		ER	TULARE
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
215 CRESPI		EXETER	WINNIFRED SHAFFER - WIFE
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER	23. WAS BIOPSY PERFORMED?
(A) Sudden Cardiac Death		<input checked="" type="checkbox"/> YES 91-5-376-61	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(B) Myocardial Infarction		24A. WAS AUTOPSY PERFORMED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(C) Atherosclerotic Heart Disease		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
Diabetes Mellitus			
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER
4/25/91		HARRY LIVEY, M.D.	656294
27A. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	27D. DATE SIGNED
5/6/91		HARRY LIVEY, M.D., 202 W. WILLOW, VISALIA, CA.	5/91
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		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
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S)		34C. DATE MO. DAY, YEAR	35A. SIGNATURE OF EMBALMER
BURIAL		5/10/91	John Guern
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		36B. LICENSE NO.	35B. LICENSE NUMBER
EXETER PUBLIC CEMETERY, EXETER, CA		F-1058	7198
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
EVANS-MILLER EXETER CHAPEL		May 9, 1991	MAY 09 1991

State of California } ss  
County of Tulare }

I HEREBY CERTIFY the foregoing to be a full, true and correct copy of the original instrument filed for record May 9, 1991 Document No. \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, this May 9, 1991

MICHAEL L. MacLEAN, M.D., Local Registrar  
BY John Guern Deputy Registrar

Return: Houk, Hicks & Graves  
P.O. Box 350  
Visalia, Ca. 93279

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 23 day  
of December A.D., 19 92 at 10:59 o'clock A. M., and duly recorded in Vol. 1192  
of Deeds on Page 30533

FEE \$10.00

Evelyn Biehn County Clerk  
By Pauline M. Miller