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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000

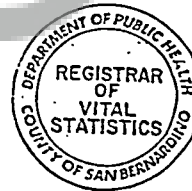
STATE FILE NUMBER <u>ATC 93716</u>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST
James		Victor	Halstead
2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR		
April 17, 1983	1345		
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White	NO <input checked="" type="checkbox"/>	July 4, 1907
7. AGE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
75	California	Henry H. Halstead, Missouri	Estella Roberts, Calif.
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	572-01-2104	Married	Irene Hope Deputy
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Carpenter	55	Kerr McGee	Chemical Products
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
84514 6th Street		Trona	
19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Bernardino		Irene Hope Halstead (Wife)	
21A. PLACE OF DEATH		21B. COUNTY	
Residence		San Bernardino	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
84514 6th Street		Trona	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			
IMMEDIATE CAUSE			
(A) Ruptured myocardial septal wall mins.			
(B) myocardio wall infarction days			
(C) occlusive coronary atherosclerotic disease years			
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? DATE			
no			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		28C. DATE SIGNED	
		28D. PHYSICIAN'S LICENSE NUMBER	
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 HAVE HELD AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND TITLE	
Investigation		Brian McCormick, Coroner	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Burial		4/21/83	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Searles Valley Cemetery, Trona, Ca		59670 Edmund J. Salinas	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Holland & Lyons Mortuary		F 1184	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
APR 18 1983			
STATE REGISTRAR			

VS-1 (6-82)

This must be in red to be a
"CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN
RED,

Louis E. Mahoney
LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co. the 19th day
of Jan. A.D. 19 93 at 9:53 o'clock A.M., and duly recorded in Vol. M93,
of Deeds on Page 1254.

Evelyn Biehn County Clerk

By [Signature]

FEE \$10.00

Return: Aspen Title Co