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Return to:
Jackson County Title
P.O. Box 218
Medford, OR 97501

MTC 29479

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

2700 000952

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: VELMA
1B. MIDDLE: FAYE
1C. LAST: PUCKETT
2A. DATE OF DEATH (MONTH, DAY, YEAR): June 1, 1985
2B. HOUR: 0850
3. SEX: Female
4. RACE/ETHNICITY: Caucasion
5. SPANISH/HISPANIC: NO
6. DATE OF BIRTH: October 18, 1936
7. AGE: 48 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Mo.
9. NAME AND BIRTHPLACE OF FATHER: Thomas Benton Hamrick-Mo.
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Ada Ellen Lingo-Mo.
11A. CITIZEN OF WHAT COUNTRY: U.S.A.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19__ TO 19__
12. SOCIAL SECURITY NUMBER: 498-38-7872
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Richard E. Puckett
15. PRIMARY OCCUPATION: Homemaker
16. NUMBER OF YEARS THIS OCCUPATION: Adult Life
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self-Employed
18. KIND OF INDUSTRY OR BUSINESS: Homemaking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1152 Jean Avenue
19B.
19C. CITY OR TOWN: Salinas
19D. COUNTY: Monterey
19E. STATE: Ca.
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Richard E. Puckett-Husband, 1152 Jean Avenue, Salinas, Calif. 93905

PLACE OF DEATH

21A. PLACE OF DEATH: Residence
21B. COUNTY: Monterey
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1152 Jean Avenue
21D. CITY OR TOWN: Salinas

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Metastatic Breast Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B)
DUE TO, OR AS A CONSEQUENCE OF (C)
24. WAS DEATH REPORTED TO CORONER? No
25. WAS BIOPSY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? No
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Mastectomy DATE: 3-19-80

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12-10-80
LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 5-30-85
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Patrick W. Flanigan MD
28C. DATE SIGNED: 6-3-85
28D. PHYSICIAN'S LICENSE NUMBER: C-32749
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Patrick W. Flanigan, 1033 Los Palos Dr. Salinas, Ca.

INJURY INFORMATION

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)

CORONER'S USE ONLY

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 DEGREE OR TITLE
35C. DATE SIGNED

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 6-4-85
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Garden of Memories Salinas
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: James E. Darling 3674
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Healey Mortuary
40B. LICENSE NO.: F-973
41. LOCAL REGISTRAR—SIGNATURE: Robert J Melton MD
42. DATE ACCEPTED BY LOCAL REGISTRAR: JUN 4 1985

STATE REGISTRAR A. B. C. D. E. F.

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

SIGNATURE OF CERTIFYING OFFICIAL: Robert J Melton
OFFICIAL TITLE: DIRECTOR OF HEALTH
ROBERT J. MELTON, M.D.
MONTEREY COUNTY HEALTH DEPARTMENT
PLACE OF CERTIFICATION
DATE OF CERTIFICATION: AUG. 5, 1985
1270 NATIVIDAD ROAD SALINAS, CA. 93906-3198

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 30th day of March A.D., 19 93 at 2:00 o'clock PM., and duly recorded in Vol. M93 of Deeds on Page 6380.

Evelyn Biehn County Clerk
By Annette Mueller

FEE $ 10.00