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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER 000197

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: EVELYN | 1B. MIDDLE: NAOMI | 1C. LAST: BURHUS

2A. DATE OF DEATH (MONTH, DAY, YEAR): DECEMBER 15, 1988 | 2B. HOUR: 0018

3. SEX: FEMALE | 4. RACE/ETHNICITY: WHITE | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: FEBRUARY 9, 1929 | 7. AGE: 59 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): OKLAHOMA | 9. NAME AND BIRTHPLACE OF FATHER: UNK STEPHENSON - UNK | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: UNK - UNK

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: 441 26 9514 | 13. MARITAL STATUS: MARRIED | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): KENNETH BURHUS

15. PRIMARY OCCUPATION: LVN | 16. NUMBER OF YEARS THIS OCCUPATION: 25 YEARS | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): VARIOUS | 18. KIND OF INDUSTRY OR BUSINESS: HEALTH CARE

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6368 LINCOLN BLVD. SPACE 105 | 19B.

19C. CITY OR TOWN: OROVILLE | 19D. COUNTY: BUTTE | 19E. STATE: CALIFORNIA

PLACE OF DEATH

21A. PLACE OF DEATH: OROVILLE HOSPITAL | 21B. COUNTY: BUTTE

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2767 OLIVE HIGHWAY | 21D. CITY OR TOWN: OROVILLE

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: KENNETH BURHUS - HUSBAND, 6368 LINCOLN BLVD. SPACE 105, OROVILLE, CA. 95966

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: RIGHT LOWER LOBAR PNEUMONIA — 1 DAY

DUE TO, OR AS A CONSEQUENCE OF

(B) ADVANCED CIRRHOSIS OF THE LIVER — 5 YEARS

DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

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 | DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): DEC. 9, 1988

I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): DEC. 15, 1988

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Thomas Cummings MD 15 Dec 88

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER: A 13356

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: THOMAS CUMMINGS M.D. 1453 DOWNER ST. OROVILLE, CA. 95965

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

DISPOSITION

37. DATE—MONTH, DAY, YEAR: DEC. 16, 1988

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: CHAPEL OF THE PINES CREMATORY PARADISE, CA. 95969

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED

CREMATION

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): OROVILLE FUNERAL HOME

40B. LICENSE NO.: F464

41. LOCAL REGISTRAR—SIGNATURE: Chester L. Ward, M.D.

42. DATE ACCEPTED BY LOCAL REGISTRAR: DEC 16 1988

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

(1-85)

CERTIFICATION STATEMENT

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

Chester L. Ward, M.D. CR

SIGNATURE OF CERTIFYING OFFICAL — OFFICAL TITLE

BUTTE COUNTY
Dept. of Health Services
13 County Center Drive, Suite B
Oroville, California 95965

PLACE OF CERTIFICATION

DEC 30 1988

DATE OF CERTIFICATION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ken Burhus the 19th day of May A.D., 19 — at 93 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 11327.

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Muchmore

Return: Ken Burhus, 38535 6th St.E, Palmdale, Ca.93550