

CERTIFICATION OF VITAL RECORD

07-09-93A09:49 RCVD

County of Ventura

64329

800 SOUTH VICTORIA AVENUE
VENTURA, CALIFORNIA 93009

Vol 93 Page 16498

CERTIFICATE OF DEATH

5600

0939

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Mervin		Oliver		Teig	
2. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Male		White		April 24, 1913	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		7. AGE	
MN		Carl John Teig - IL		72	
11A. CITIZENSHIP OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
U.S.A.		19 UKN TO 19 UKN		545 38 8859	
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYER IF SELF-EMPLOYED, SO STATE	
Custodian		20		Ventura Unified Sch. Dist.	
16A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		16B. CITY OR TOWN		16C. STATE	
129 Don Felipe Way		Ojai		CA	
17A. COUNTY		17B. STATE		17C. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Ventura		CA		Angelina Teig	
18A. PLACE OF DEATH		18B. COUNTY		18C. CITY OR TOWN	
Ojai Hospital		Ventura		Ojai, CA 93023	
19A. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE	
1306 Maricopa Highway		Ojai		CA	
20. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		21. MONTH		22. WAS DEATH REPORTED TO CORONER?	
Metastatic Pulmonary Carcinoma		MONTH		No	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 20		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIRTH PERFORMED?	
Heterosclerotic Heart Disease		No		Yes	
26. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27. TYPE OF OPERATION		28. DATE SIGNED	
27-10-73		Biopsy		JUNE 1985	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF BIRTH		31. BIRTH AT HOME	
N/A		-		-	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. CORONER'S SIGNATURE AND DESIGNE OR TITLE	
-		-		-	
35. 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		36. CORONER'S SIGNATURE AND DESIGNE OR TITLE		37. DATE SIGNED	
-		-		-	
38. DISPOSITION		39. DATE—MONTH, DAY, YEAR		40. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Burial		April 4, 1986		Ivy Lawn Cemetery - Ventura, CA	
41. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)		42. LICENSE NO.		43. LOCAL REGISTRAR—SIGNATURE	
Clausen Funeral Home		F-731		Sarah L. Miller, M.D.	
44. STATE REGISTRAR		45. DATE ACCEPTED BY LOCAL REGISTRAR		46. SIGNATURE	
A.		B.		C.	

VS-11 (1-89)

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CERTIFIED COPY OF VITAL RECORDS

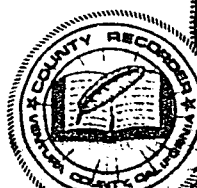
STATE OF CALIFORNIA } SS.
COUNTY OF VENTURA

DATE ISSUED JUN 09 1993

This is a true and exact reproduction of the document officially registered and placed on file with the VENTURA COUNTY RECORDER

Richard U. Dean
RICHARD U. DEAN
COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder.



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Angie F. Teig the 9th day of July A.D., 19 93 at 9:49 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 16498.

FEE \$10.00

Evelyn Biehn County Clerk

By

Return: David A. Wood, Box 538, Waterford, Ca. 95386