

MTC 30560  
**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST <b>Lowell</b>		1B. MIDDLE <b>Richard</b>		1C. LAST <b>Smith</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR <b>July 5, 1987 1900</b>	
101 DECEDENT PERSONAL DATA	3. SEX <b>Male</b>	4. RACE/ETHNICITY <b>White</b>	5. SPANISH/HISPANIC <input type="checkbox"/> NO	6. DATE OF BIRTH <b>November 11, 1930</b>		7. AGE <b>56</b>	IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Indiana</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Samuel J. Smith IN</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Iantha Tyler IN</b>		
	11A. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE <b>19 51 TO 19 54</b>	12. SOCIAL SECURITY NUMBER <b>308 30 1997</b>	13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME <b>Helen Nott</b>	
	15. PRIMARY OCCUPATION <b>Electronic Tech.</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>Adult Life</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Pacific Reliability</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Electronic</b>	
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>200 Burnett Ave Space 124</b>			19B. <b>512100</b>	19C. CITY OR TOWN <b>Morgan Hill</b>		
	19D. COUNTY <b>Santa Clara</b>		19E. STATE <b>California</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Helen N. Smith wife</b> <b>200 Burnett Ave. Sp. 124</b> <b>Morgan Hill, CA 95037</b>		
PLACE OF DEATH <b>70</b>	21A. PLACE OF DEATH <b>At Home</b>		21B. COUNTY <b>Santa Clara</b>				
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>200 Burnett Ave. Space 124</b>		21D. CITY OR TOWN <b>Morgan Hill</b>				
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Sudden Death</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) <b>Severe congestive heart failure</b> (C) <b>Severe pulmonary hypertension</b>						24. WAS DEATH REPORTED TO CORONER? <b>Yes 4144</b>
	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <b>Coronary artery disease</b>						25. WAS BIOPSY PERFORMED? <b>No</b>
	26. WAS AUTOPSY PERFORMED? <b>No</b>						
	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION						
PHYSI- CIAN'S CERTIFI- CATION	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.) <b>Jan 1986</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>W. S. M.D.</b>		28C. DATE SIGNED <b>7-8-1987</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>G-36988</b>
	LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>June 22, 1987</b>		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Mates G. Jr MD 250 Hospital Pkwy San Jose, CA</b>				
INJURY INFORMA- TION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR
	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 <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>7-8-87</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Gavilan Hills Crematory, Gilroy, CA</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>not embalmed</b>
STATE REGISTRAR	40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Johnson Funeral Home</b>		40B. LICENSE NO. <b>635</b>		41. LOCAL REGISTRAR—SIGNATURE <b>Stephen A. Coray M.D.</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUL 8 1987</b>
	A.	B.	C.	D.	E.	F.	

VS-11 (1-85)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE  
 STEPHEN A. CORAY, M.D.  
 LOCAL REGISTRAR OF VITAL STATISTICS  
 July 15, 1987  
 CERTIFICATION FEE: — \$7.00

BY: *Esther S. Tarrett*  
 DEPUTY REGISTRAR OF VITAL STATISTICS  
 SANTA CLARA COUNTY HEALTH DEPARTMENT  
 SAN JOSE, CALIFORNIA

After Recording Return to:

Bend Title Company  
 Attn: Kelly  
 PO BOX 4325  
 Sunriver OR 97707

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 30th day  
 of July A.D., 19 93 at 11:23 o'clock A.M., and duly recorded in Vol. M93  
 of Deeds on Page 18812

FEE \$10.00

Evelyn Biehn County Clerk

By *Deanne M. Mendenhall*