

MTC 30560
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST Lowell		1B. MIDDLE Richard		1C. LAST Smith		
2A. DATE OF DEATH (MONTH, DAY, YEAR) July 5, 1987		12B. HOUR 1900				
101 DECEDENT PERSONAL DATA	3. SEX Male	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC <input type="checkbox"/> NO	6. DATE OF BIRTH November 11, 1930		
	7. AGE 56		IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Indiana		9. NAME AND BIRTHPLACE OF FATHER Samuel J. Smith IN		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Iantha Tyler IN	
	11A. CITIZEN OF WHAT COUNTRY U.S.A.	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 51 TO 19 54	12. SOCIAL SECURITY NUMBER 308 30 1997	13. MARITAL STATUS Married		
14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME Helen Nott		15. PRIMARY OCCUPATION Electronic Tech.				
16. NUMBER OF YEARS THIS OCCUPATION Adult Life		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Pacific Reliability		18. KIND OF INDUSTRY OR BUSINESS Electronic		
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 200 Burnett Ave Space 124			19B. 512100		
	19C. CITY OR TOWN Morgan Hill		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Helen N. Smith wife 200 Burnett Ave. Sp. 124 Morgan Hill, CA 95037			
PLACE OF DEATH 70	21A. PLACE OF DEATH At Home		21B. COUNTY Santa Clara		21D. CITY OR TOWN Morgan Hill	
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 200 Burnett Ave. Space 124					
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE					
	(A) Sudden Death		same day		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	(B) Severe congestive heart failure		several years			
	(C) Severe pulmonary hypertension		several years			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A 4160 Coronary artery disease						
24. WAS DEATH REPORTED TO CORONER? Yes 4144		25. WAS BIOPSY PERFORMED? No		26. WAS AUTOPSY PERFORMED? No		
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) Jan 1986 June 22, 1987		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Mates G. Jr MD 250 Hospital Pkwy San Jose, CA		28C. DATE SIGNED 7-8-1987	
	28D. PHYSICIAN'S LICENSE NUMBER G-3C982		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION			
	29. SPECIFY ACCIDENT, SUICIDE, ETC.					
INJURY INFORMATION	30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
	32B. HOUR		34. DESCRIBE HOW INJURY OCCURRED. (EVENTS WHICH RESULTED IN INJURY)			
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		
	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)			35C. DATE SIGNED		
36. DISPOSITION Cremation	37. DATE—MONTH, DAY, YEAR 7-8-87	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Gavilan Hills Crematory, Gilroy, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Johnson Funeral Home		40B. LICENSE NO. 635	41. LOCAL REGISTRAR—SIGNATURE Stephen A. Coray M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 8 1987	
STATE REGISTRAR	A.	B.	C.	D.	F.	

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 *Debbie M. Anderson*