83272

10-06-94A11:30 RCVD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

Vol. M94 Page 31308

3-94-42-000016

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): ROY
2. MIDDLE: JAMES
3. LAST (FAMILY): WESTON, SR.
4. DATE OF BIRTH MM/DD/CCYY: 01/07/1922
5. AGE YRS.: 71
IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 01/06/1994
8. HOUR: 1730
9. STATE OF BIRTH: OKLAHOMA
10. SOCIAL SECURITY NO.: 527-20-4082
11. MILITARY SERVICE: 19__ TO 19__ [X] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION—YEARS COMPLETED: 12
14. RACE: WHITE
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: SELF EMPLOYED
17. OCCUPATION: AUTOMOTIVE REPAIRMAN
18. KIND OF BUSINESS: AUTOMOTIVE RADIATOR REPAIR
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 7137 TUOLUMNE DRIVE
21. CITY: GOLETA
22. COUNTY: SANTA BARBARA
23. ZIP CODE: 93117
24. YRS IN COUNTY: 30
25. STATE OR FOREIGN COUNTRY: CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP: RUBY L. WESTON, WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 7137 TUOLUMNE DRIVE, GOLETA, CA 93117

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: RUBY
29. MIDDLE: L.
30. LAST (MAIDEN NAME): FRENCH
31. NAME OF FATHER—FIRST: BUEFORD
32. MIDDLE: UNKNOWN
33. LAST: WESTON
34. BIRTH STATE: TN
35. NAME OF MOTHER—FIRST: SUSIE
36. MIDDLE: UNKNOWN
37. LAST (MAIDEN): BROWN
38. BIRTH STATE: TN

DISPOSITION(S)

39. DATE MM/DD/CCYY: 01/10/1994
40. PLACE OF FINAL DISPOSITION: GOLETA CEMETERY, SANTA BARBARA, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: ▶ [signature]
43. LICENSE NO.: 8113
44. NAME OF FUNERAL DIRECTOR: WELCH-RYCE-HAIDER
45. LICENSE NO.: 303
46. SIGNATURE OF LOCAL REGISTRAR: ▶ [signature] MD
47. DATE MM/DD/CCYY: 01/07/1994

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [X] RES. [ ] OTHER
104. COUNTY: SANTA BARBARA
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 7137 TUOLUMNE DRIVE
106. CITY: GOLETA

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	RENAL FAILURE	3 DAYS
DUE TO (B)	CHRONIC RENAL IMPAIRMENT	YEARS
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [X] NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: CHARCOT MARIE-TOOTH DISEASE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
DECEDENT ATTENDED SINCE MM/DD/CCYY: 10/04/1993
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/30/1993
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature]
116. LICENSE NO.: A26687
117. DATE MM/DD/CCYY: 01/07/1994
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: DENNIS ASHLEY, MD, 219 NOGALES STREET, SANTA BARBARA, CA 93105

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY:
122. HOUR:
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY:
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

31308-A

SANTA BARBARA COUNTY HEALTH DEPARTMENT
THIS IS TO CERTIFY THAT THIS IS A TRUE COPY
OF THE CERTIFICATE ON FILE IN THIS OFFICE

FEE PAID JAN 10 1994

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruby L. Weston the 6th day of Oct A.D., 1994 at 11:30 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 31308.

FEE $10.00

Evelyn Biehn County Clerk
By

Return: Ruby Lee Weston, 7137 Tuolumne Dr. Goleta, Ca. 93117