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89678

COUNTY OF VENTURA

VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER 39356000045

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
HELEN	L.	PAUL	JANUARY 3, 1993	0134	FEMA

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
WHITE/AMERICAN	☐ YES _____ ☒ NO	AUGUST 12, 1921	71		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
TX	U.S.A.	HORACE L. SMITH	TX	WILLIE LEE ROBERSON	TX

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	549 18 6243	MARRIED	WILLIAM JOHN PAUL, SR.

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
OFFICE MANAGER	DRIVE LINE MACHINERY	COAST MACHINE	17	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
8480 BOISE STREET	VENTURA	93004

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
VENTURA	60	CALIFORNIA

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY: ONE (IP, ER/DP, DOA)	19C. COUNTY
COMMUNITY MEMORIAL HOSP.	IP	VENTURA

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
LOMA VISTA ROAD at BRENT STREET	VENTURA

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
WILLIAM PAUL SR. (HUSBAND)
8480 BOISE STREET
VENTURA, CALIFORNIA 93004

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	PSEUDOMONAS PNEUMONIA WITH BACTEREMIA	7DAYS
DUE TO (B)	SEVERE C.O.P.D.	YEARS
DUE TO (C)	TOBACCO USE	YEARS

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER _____

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: NONE

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? NO
26B. LIST TYPE OF OPERATION AND DATE

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
MARCH30, 1991	JAN. 2, 1993	G-46618	1-4-1993

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: JOHN HANDLEY, M.D., 168 NORTH BRENT ST; VENTURA, CA.

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined

30A. PLACE OF INJURY

30B. INJURY AT WORK ☐ YES ☐ NO

30C. DATE OF INJURY MONTH, DAY, YEAR

31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
BURIAL	IVY LAWN CEMETERY, VENTURA, CA.	JAN.7,1993	J. RYBA	6890

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
JOSEPH P. REARDON FUNERAL CHAPEL	883	[signature] MD	JAN.5,1993

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

S-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

86125

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA } SS

DATE ISSUED JAN 12 1993

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department.

[signature] MD
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 14th day of Oct A.D., 19 94 at 3:28 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 32160

FEE $10.00

Evelyn Biehn County Clerk

By Deanna Mullendore

Return: Klamath County Title Co