

89865

10-10-94P03:17 RCV

CERTIFICATE OF DEATH

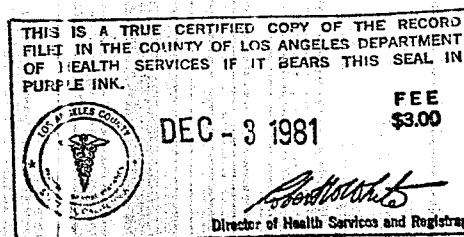
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32581

1. NAME OF DECEASED—FIRST, MIDDLE, LAST Ramona Lone Crider		2. DATE OF DEATH—MONTH, DAY, YEAR December 1, 1981	
3. SEX Female		4. RACE White	
5. ETHNICITY U. S. A.		6. DATE OF BIRTH June 23, 1934	
7. AGE 47		8. YEARS 47	
9. NAME AND BIRTHPLACE OF FATHER Lawrence Jankord - South Dakota		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Eunice Hasner - South Dakota	
11. CITIZEN OF WHAT COUNTRY U. S. A.		12. SOCIAL SECURITY NUMBER 507-38-1668	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Robert N. Crider	
15. PRIMARY OCCUPATION Homemaker		16. NUMBER OF YEARS THIS OCCUPATION 27	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Own Home		18. KIND OF INDUSTRY OF BUSINESS Homemaking	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3324 W. 185th St.		19B. CITY OR TOWN Torrance	
19C. COUNTY Los Angeles		19D. STATE Ca.	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Robert N. Crider - Husband		21. ADDRESS 3324 W. 185th St. Torrance, Ca. 90504	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiac arrest (B) Multiple Brain metastases (C) Carcinoma Right Upper Lung		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH No	
24. WAS DEATH REPORTED TO CORONER? No		25. WAS BIOPSY PERFORMED? Yes	
26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEASED SINCE (ENTER MO., DA., YR.) 11-19-81		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Robert Lebow, M.D.	
28C. DATE SIGNED 12-1-81		28D. PHYSICIAN'S LICENSE NUMBER C-13546	
29. SPECIFY ACCIDENT, SUICIDE, ETC. 11-19-81		30. PLACE OF INJURY 3440 W. Lomita Blvd. Torrance, Ca.	
31. INJURY AT WORK No		32A. DATE OF INJURY—MONTH, DAY, YEAR 11-19-81	
32B. HOUR 12:15		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 3440 W. Lomita Blvd. Torrance, Ca.	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Cardiac arrest		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 INVESTIGATION Yes	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE Richard D. Hinchey		35C. DATE SIGNED 12-1-81	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR 12-4-1981	
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR Green Hills Memorial Park San Pedro, Ca.		39. ENGRAVED LICENSE NUMBER AND SIGNATURE 6631 Richard D. Hinchey	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) A. M. Gamby Mortuary Lomita		41. LOCAL REGISTRAR—SIGNATURE Robert Lebow	
42. DATE ACCEPTED BY LOCAL REGISTRAR 12-1-81		43. STATE REGISTRAR—SIGNATURE Robert Lebow	

VS-11 (10-78)

01-8-1-0422



Return: Klamath County Title Co

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Klamath County Title the 19th day of Oct A.D., 19 94 at 3:17 o'clock P. M., and duly recorded in Vol. M94 of Deeds on Page 32581.

FEE \$10.00

Evelyn Biehn County Clerk
By Wendine M. Lindorse