

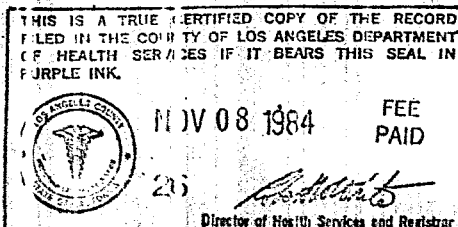
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CERTIFICATE OF DEATH

Vol. M94 Page 33904

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Vina				Melsen	
2. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
Female		White/American		X	
6. DATE OF DEATH (MONTH, DAY, YEAR)		7. AGE		8. TIME OF DEATH	
November 4, 1984		82		1715 Hrs	
9. BIRTHPLACE OF DECEDENT (IF BORN IN FOREIGN COUNTRY)		10. NAME AND BIRTHPLACE OF FATHER		11. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Iowa		Joe Kisting - Iowa		Clara Ingalls - Iowa	
12. CITIZEN OF WHAT COUNTRY		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS	
U.S.A.		483-381-4055		Widowed	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (SELF-EMPLOYED, SO STATE)	
Housewife		60		Self Employed	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET ADDRESS AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
Own Home		2214 West Victory Boulevard		Burbank	
19C. COUNTY		19D. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles		California		Lois Chaparro - Daughter	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET ADDRESS AND NUMBER OR LOCATION)	
Residence		Los Angeles		3811 West Victory Boulevard	
21D. CITY OR TOWN		21E. STATE		21F. ZIP CODE	
Burbank		California		91506	
22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN		24. WAS DEATH REPORTED TO CORONER?	
(A) Metastatic carcinoma		Partial Bone of Tumor		No	
(B) Carcinoma of the ovary				25. WAS BIOPSY PERFORMED?	
(C)				Yes	
26. SPECIFY ACCIDENT, SUICIDE, ETC.		27. W/ S OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE OF OPERATION		28. DATE SIGNED	
		2x pharynx + Bump 3-30-84		11-5-84	
29. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		30. TYPE PHYSICIAN'S NAME AND ADDRESS		31. DATE SIGNED	
Anthony N. Peters, M.D. - 901 S. Glenoaks Blvd., Burbank, Ca.		Anthony N. Peters, M.D. - 901 S. Glenoaks Blvd., Burbank, Ca.		11-5-84	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. CORONER—SIGNATURE AND DEGREE OR TITLE		34. DATE SIGNED	
3811 West Victory Boulevard, Burbank, California		Edwin J. Hall		NOV 6 1984	
35. DISPOSITION		36. DATE—MONTH, DAY, YEAR		37. NAME AND ADDRESS OF CEMETERY OR CREMATOR	
Burial		Nov. 7, 1984		10621 Victory Blvd., North Hollywood, Calif	
38. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		39. LICENSE NO.		40. LOCAL REGISTRAR—SIGNATURE	
Eckerman-Heisman Funeral Service		337		Edwin J. Hall	
41. STATE REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. FEE PAID	
A.		B.		C.	
D.		E.		F.	



STATE OF OREGON: COUNTY OF KLAMATH SS.

Filed for record at request of Klamath County Title Co the 1st day of Nov A.D., 19 94 at 3:35 o'clock P M., and duly recorded in Vol. M94 of Leeds on Page 33904

FEE \$10.00

Return: Klamath County Title Co

Evelyn Biehn County Clerk

By Edwin J. Hall