

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5600

2594

STATE OF CALIFORNIA K-400555		7660055		92594	
1A. NAME OF DECEDENT—FIRST		13. MIDDLE		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
DALLAS		FRANKLIN		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
3. SEX		4. RACE		2B. HOUR	
Male		White		November 12, 1982	
5. ETHNICITY		6. DATE OF BIRTH		7. AGE	
		February 23, 1914		68	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
TX		Tew, Danford-		Margaret Dallas-KS	
11. CITY OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		14. NAME OF SURVIVING SPOUSE (IF DECEASED, ENTER BIRTH NAME)	
U.S.A.		558-103-4629		Lorraine Jones	
15. PRESENT OCCUPATION		16. NUMBER OF YEARS IN OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
Financial Analyst		20		Aero Space	
19A. USUAL RESIDENCE—STREET ADDRESS (IF FEET FROM NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
1300 Pleasant Valley Rd., #44				Oxnard	
19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT		RELATIONSHIP	
Ventura		Lorraine Danford (wife)			
21A. PLACE OF DEATH		21. COUNTY		21. CITY OR TOWN	
St. John's Hospital		Ventura		1300 Pleasant Valley Rd., #44	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21. CITY OR TOWN		Oxnard, CA 93033	
333 North "F" Street		Oxnard			
22. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C			
IMMEDIATE CAUSE					
(A) <i>Myocardial Infarction</i>		3 1/2 yr		24. WAS DEATH REPORTED TO CORONER?	
(B) <i>Myocardial Infarction</i>		10 yr		Yes 1358-82	
(C) <i>Myocardial Infarction</i>		12 yr		25. WAS BIOPSY PERFORMED?	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		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		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
I ATTENDED DECEDENT SINCE (ENTER NO. DAYS)		I LAST SAW DECEDENT AT (ENTER NO. DAYS)		28D. PHYSICIAN'S LICENSE NUMBER	
3/25/81		10/29/81		G 25722	
29. SPECIFIC OCCIDENT, SUICIDE, ETC.		31. INJURY AT WORK		32A. DATE OF INJURY (MONTH, DAY, YEAR)	
N/A		N/A		N/A	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW (IF) INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
N/A		N/A		N/A	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW 1 MAY BE HELD IN (INQUEST-INVESTIGATIVE)		35C. DATE SIGNED		N/A	
N/A		N/A		N/A	
36. CREMATION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
11-12-82		Ivy Lawn Crematory, Ventura, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		41. LOCAL REGISTRAR'S SIGNATURE		12. DATE ACCEPTED BY LOCAL REGISTRAR	
Payton Mortuary - 397		Sara L. Miller, M.D. AL.		NOV 12 1982	
STATE REGISTRAR		A.		B.	
C.		D.		E.	
F.					

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Klanath County Title Co
 on this 30th day of Dec, A.D., 19 94
 at 3:22 o'clock P.M. and duly recorded
 in Vol. 194 of Deeds page 39281
 Evelyn Biehn County Clerk
 By Resident W. W. W. W.
 Deputy

Fee. \$10.00

THIS IS A TRUE CERTIFIED COPY OF THE
RECORD FILED IN THE COUNTY OF VENTURA,
HEALTH SERVICES AGENCY, IF IT BEARS THIS
S.E. DEED MARK.

NOV 22 1982 FEE \$3.00

STANLEY L. MILLER, M.D., Health Officer
and Registrar