2525

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

95-002529

Vol. 1995 Page 17663

BOOK 267 PAGE 13

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93)

STATE FILE NUMBER: 3 1995 15 0026 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Ida	L.	Katzmeyer

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
09/21/1891	103			F	01/01/1995	0400

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
Germany	541-78-0074	19__ TO 19__ [X] NONE	Widowed	8

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES [X] NO	Self

17. OCCUPATION	18. KIND OF BUSINESS	AMENDED	19. YEARS IN OCCUPATION
Homemaker	Own Home	1 OF 3	85

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
2413 Chester Lane				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
Bakersfield	Kern	93304	12	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Shirley A. Doll - Daughter	P.O. Box 10136 Bakersfield, CA 93389

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
–	–	–	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Gotleib	–	Kohnker	WI
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Hulda	Bertha	Weinkauf	WI

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
01/05/1995	Klamath Memorial Park 2880 Memorial Dr. Klamath Falls, Oregon 97601

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO
TR/BU	▶ Craig Viau *Craig Viau*	5964
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE MM/DD/CCYY**
Lombard & Company	FD1037	▶ B. Jinadu, M.D. *C. Ke.*	01/04/1995

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
Residence	[ ] IP [ ] ER/OP [ ] DOA	[ ] CONV. [X] RES. [ ] OTHER	Kern
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
2413 Chester Lane			Bakersfield

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) CARCINOMA OF LUNG	1 YEAR
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER C-0002-95

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
02/03/1993	11/01/94

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ *[signature]* MD

116. LICENSE NO.: G 20120

117. DATE MM/DD/CCYY: 01/04/1995

118. TYPE OR PRINT PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Stephan Sway, MD 1700 "C" St. Bakersfield, CA 93301

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	PAX AUTH. #	CENSUS TRACT
8	X	12							

07-07-95P03:30 RCVD

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics

by: *Michael Davis*

MICHAEL DAVIS, CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS

095245

DATE ISSUED JUN 19 1995

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

17664

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

95-002529 — STATE FILE NUMBER

[X] DEATH [ ] FETAL DEATH [ ] BIRTH

3 1995 15 0026 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REG'STRAR USE ONLY: 1. | 2. | 3.

PART I INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
	Ida	L.	Katzmeyer	Fe
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE	
	01/01/1995	Bakersfield	Kern	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
105	2413 Chester Lane	2412 Chester Lane
3	Katzmeyer	Katzemeyer

2 OF 3

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	12. DATE SIGNED—MM/DD/CCYY	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
▶ [signature] MD	05-15-95	Stephan Sway, M.D.
14. ADDRESS—STREET AND NUMBER	15. CITY	16. STATE / 17. ZIP CODE
1700 C Street	Bakersfield	CA / 93301

STATE/LOCAL REGISTRAR USE ONLY

18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR	19. DATE ACCEPTED FOR REGISTRATION—MM DD YY
▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	MAY 3 0 1995

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 26A (Rev. 1/94) 93 24419

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics

by: Michael Davis

MICHAEL DAVIS, CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS

095250

DATE ISSUED JUN 19 1995

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

17665

95-002529
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

3 1995 15 0026
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
NAME AS IT APPEARS ON RECORD	IDA	L.	KATZMEYER

ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
	FE	01/01/1995	BAKERSFIELD	KERN

	8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL
	GOTLEIB KOHNKER	HULDA BERTHA WEINKAUF

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
	9	Germany	WI
	20	2413 Chester Lane	2412 Chester Lane
	31	Gotleib	Gottlieb
	33	Kohnker	Kohnke
	38	WI	Germany

3 OF 3

REASON FOR CORRECTION	13. Typographical Errors

AFFIDAVITS AND SIGNATURES — We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
▶ [signature]	Agent	04/12/1995
17. AGE: 47	18. ADDRESS (STREET, CITY, STATE, ZIP): 2401 Knoll Street, Sacramento, CA 95815	

USE BLACK INK ONLY

19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
▶ [signature]	Agent	04/12/1995
22. AGE: Legal	23. ADDRESS (STREET, CITY, STATE, ZIP): 2401 Knoll Street, Sacramento, CA 95815	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY
	▶ OFFICE OF STATE REGISTRAR OF VITAL STATISTICS	JUN 1 9 1995

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics

by: Michael Davis
MICHAEL DAVIS, CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS

095251

DATE ISSUED
JUN 1 9 1995

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shirley A. Doll the 7th day of July A.D., 19 95 at 3:30 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 17663.

Bernetha G. Letsch County Clerk
By Annette Nevill

FEE $20.00