5891 — STATE FILE NUMBER

CERTIFICATE OF DEATH

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

Vol. M95 Page 24487

3-94 - 18 - 000022 — LOCAL REGISTRATION NUMBER

09-11-95P01:34 RCVD

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
THOMAS	HUSTON	JONES

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
08/19/1968	25			M	03/06/1994	1420

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
GERMANY	522 45 ~~0895~~ 0485	19 ___ TO 19 ___ [X] NONE	DIVORCED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	[ ] YES _____ [X] NO	CITY LIQUIDATORS

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
WAREHOUSEMAN	RETAIL SALES	01

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 2155 CHEMEKETA

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
SALEM	MARION	97301	01	OREGON

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
VIRGIL C. JONES - FATHER	701 C THEATER / SIERRA VISTA, AZ. 85635

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**
VIRGIL	C.	JONES	OK
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
SALLYANN	–	McINTOSH	NH

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
03/10/1994	RES: 701 C THEATER / SIERRA VISTA, AZ. 85635

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CREM / RES	▶	E-7641
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE MM/DD/CCYY**
WALTON'S COLONIAL MORTUARY	FD-0707	▶ BY: IRENE B. DOYLE Deputy — 03/09/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
HIGHWAY 395	[ ] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [X] OTHER	LASSEN

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 5 MILES SOUTH

106. CITY: MADELINE

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) MASSIVE HEAD TRAUMA	
DUE TO	(B) MOTOR VEHICLE ACCIDENT	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: 30-009-94

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

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

111. USED IN DETERMINING CAUSE: [X] 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

I certify this photocopy to be a true copy of the record in this office.
Attest: IRENE DOYLE
Deputy

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

115. SIGNATURE AND TITLE OF CERTIFIER ▶ — DATE SIGNED MM/DD/CCYY

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

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 [X] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [X] NO	03/06/1994	1300	HWY 395

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): SINGLE VEHICLE ROLLOVER

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE): 5 MILES SOUTH OF MADELINE, CA. 96119

126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶ Bill Ceaglio

127. DATE MM/DD/CCYY: 03/09/1994

128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: Bill Ceaglio

MAR - 9 1994
By: _____ Deputy
County Recorder of Lassen County, California

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Amanda White the 11th day of Sept A.D., 19 95 at 1:34 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 24487.

RET: Amanda White
4144 Sunnyview Ave #116
Salem, Or 97301

FEE $10.00

Bernetha G. Letsch, County Clerk
By _____