

9180

ARC CERTIFICATE OF DEATH

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STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		3. SEX	
		WILLIAM		H.		PORTER		MAY 4, 1990		0520		M	
4. RACE		5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. IF UNDER 1 YEAR		9. IF UNDER 24 HOURS			
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Jan. 2, 1931		59							
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH			
MA		U.S.A.		Newton Porter		MA		Evelyn Bonnell		MA			
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)							
19 51 TO 19 57 <input type="checkbox"/> NONE		012-24-3568		MRRD		Reba Marie Carpenter							
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
Chef		Restaurant		Texas Cattle Co.		39		12					
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE									
909 North M Place		Lompoc		93436									
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Santa Barbara		6		CA		Reba Marie Porter-Wife							
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
SANTA BARBARA COTTAGE HOSPITAL		IP		SANTA BARBARA		909 North M Place							
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER									
320 W. PUEBLO STREET		SANTA BARBARA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
21. DEATH WAS CAUSED BY:—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS BODYPY PERFORMED?											
IMMEDIATE CAUSE (A) Respiratory Failure		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
DUE TO (B) Pneumonia		24A. WAS AUTOPSY PERFORMED?											
DUE TO (C) Metastatic Bladder Carcinoma		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.											
None		Radical Cystectomy 1/4/88											
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED							
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		6-017265		5/4/90							
4/20/88		2323 Oak Park Lane, Santa Barbara, CA											
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED									
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR					
				<input type="checkbox"/> YES <input type="checkbox"/> NO									
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MONTH, DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER					
BU		Live Oak Memorial Park		May 8, 1990		Jenny Morton		5377					
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE							
Starbuck-Lind Mortuary		FD1244		Lawrence A. [Signature]		May 7, 1990							
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	
												CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

ATC#03043295

After recording return to:
 Reba M. Porter
 1300 N.L. Street Apt. 8
 Lompoc, CA 93436

STATE OF OREGON,
 County of Klamath

Filed for record at request of:

Aspen Title & Escrow

on this 15th day of November A.D., 19 95
 at 3:20 o'clock P.M. and duly recorded
 in Vol. M95 Page 31271
 Bernetha G. Letsch County Clerk
 By Annette Mueller
 Deputy.

Fee, \$10.00

SANTA BARBARA COUNTY HEALTH DEPARTMENT
 This is to certify that this is a true copy
 of the certificate on file in this office.

FEE MAY 08 1990
 PAID

Lawrence A. [Signature]
 REGISTRAR