CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA

10149
MC 36762MS

VENTURA, CALIFORNIA
12-05-95P03:42

Vol M95 Page 33282

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

39256000098
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
EUGENE	JAMES	TURNER	JANUARY 8, 1992	1605	M

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
CAUCASIAN	☐ YES ☒ NO	DECEMBER 29, 1928	63				

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
KS	U.S.A.	RAYMOND TURNER	KS	VERONICA URBAN	KS

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 48 TO 19 65 ☐ NONE	523-30-4018	MARRIED	MARY H. BONE

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
SECURITY GUARD	SECURITY ENFORCEMENT	TRW	20	11

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
422 SOUTH - P.O. BOX 918	CHILOQUIN	97624

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
CLAMATH	6	OREGON	MARY H. TURNER -WIFE P.O. BOX 918 CHILOQUIN, OREGON 97624

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/DP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
ST. JOHN'S REGIONAL MED. CENTER	IP	VENTURA		☐ YES ☒ NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	23. WAS BIOPSY PERFORMED?
333 NORTH "F" STREET	OXNARD	☐ YES ☒ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH	24A. WAS AUTOPSY PERFORMED?
IMMEDIATE CAUSE	(A) MASSIVE STROKE	2 WEEKS	☐ YES ☒ NO
DUE TO	(B) ATHEROSCLEROTIC VASCULAR DISEASE	YEARS	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO
DUE TO	(C)		

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	NO

PHYSICIAN'S CERTIFICATION

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
	[signature] M.D.	A 043407	1.9.92

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
12-25-91	1-8-92	PATRICK KONG M.D. 1991 WEST 7TH STREET OXNARD, CALIFORNIA 93033

CORONER'S USE ONLY

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
		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
BURIAL	SANTA CLARA CEMETERY, OXNARD, CA	JAN. 13, 1992	David J. Tiptan	7211

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
CONRAD-CARROLL MORTUARY	F-1104	[signature] M.D.	JAN. 10, 1992

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 3-89)

051735

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA } SS

DATE ISSUED JAN 15 1992

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department.

[signature] M.D.
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title the 5th day of Dec A.D., 19 95 at 3:42 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 33282.

Bernetha G. Letsch, County Clerk

By Arnette Mueller

FEE $10.00

Ret: Mary E. Turner
Box 918, Chiloquin, OR 97624