FORM V.S. 3 (1988 revision) '96 APR 30 P 3:55

MONTANA CERTIFICATE OF DEATH

17223 Local File Number

MTC 3178 DS

Vol. M96 Page 12181 State File Number

DECEDENT

1. DECEDENT'S NAME (First): CHARLES (Middle): (Last): MOYER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 17, 1995
4. RACE—American Indian, Black, White, etc. (Specify): White
5a. AGE—Last Birthday (Years): 66
5b. UNDER 1 YEAR Months / Days
5c. UNDER 1 DAY Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 1, 1929
7a. COUNTY OF DEATH: Deer Lodge
7b. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify): Drivers seat-Semi-truck
7c. FACILITY NAME (If not institution, give street and number): 1420 East Park, Parking lot
7d. CITY, TOWN, OR LOCATION OF DEATH: Anaconda, Montana
8. BIRTHPLACE (City and State or Foreign Country): Howell, Oklahoma
9. MARITAL STATUS: ☐ Never Married ☐ Widowed ☒ Married ☐ Divorced
10. SURVIVING SPOUSE (If wife, give maiden surname): Ruth Marshall
11. SOCIAL SECURITY NUMBER: 523 20 0903
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Trucking
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no): Yes
14a. RESIDENCE—STATE: California
14b. COUNTY: Merced
14c. CITY, TOWN, OR LOCATION: Gustine
14d. STREET NUMBER: 991 South Avenue
14e. INSIDE CITY LIMITS? (Yes or no): Yes
14f. ZIP CODE: 95322
15. ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify): American
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10 College (1-4 or 5+):

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PARENTS

17. FATHER'S NAME (First, Middle, Last): Emel Moyer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Polly Pearline Epley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ruth Moyer
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 991 South Avenue, Gustine, California 95322

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place):
20c. LOCATION—City or Town, State: Gustine, California
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION: [signature] Tim A. Riddle
21b. MONTANA LICENSE NUMBER (of Licensee): # 426
22. NAME AND ADDRESS OF FACILITY: KT Riddle Funeral Homes, P.O. Box 578, Anaconda, MT 59711

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side)

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	MYOCARDIAL INFARCTION	IMMEDIATE
DUE TO (OR AS A CONSEQUENCE OF) b.	NATURAL	
Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last. DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):
25. WAS CASE REFERRED TO CORONER? (Yes or no): Yes
26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year):
27b. TIME OF INJURY: M
27c. INJURY AT WORK? (Yes or no):
27d. DESCRIBE HOW INJURY OCCURRED:
27e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
27f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

CERTIFIER

28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)
28b. DATE SIGNED (Month, Day, Year)
28c. HOUR OF DEATH: M
28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
29a. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.
(Signature and Title): [signature] Dep Coroner
29b. DATE SIGNED (Month, Day, Year): 5/18/95
29c. HOUR OF DEATH: Approx 2100 hrs M
29d. DATE PRONOUNCED DEAD (Month, Day, Year): May 18, 1995
29e. PRONOUNCED DEAD (Hour): 0643 Hrs M
30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Jack E. Eklund, Deer Lodge Deputy county coroner, 800 Main St., Anaconda, MT 59711

REGISTRAR

31a. LOCAL REGISTRAR'S SIGNATURE: [signature] Registrar
31b. DATE FILED (Month, Day, Year): 05-18-95

CLERK & RECORDER

12182

CERTIFIED

MAY 22 1995

Date Issued

STATE OF MONTANA } ss
COUNTY OF DEER LODGE }

This is to certify that the above document is a true and correct copy of the information shown on the duplicate record as filed in this office on the

MAY 18 1995

Signed TRACEY SWEENEY
Clerk & Recorder

By Marian L Strelow, Deputy

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AmeriTitle the 30th day of April A.D., 19 96 at 3:55 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 12181.

Bernetha G. Letsch, County Clerk

By

FEE $15.00