

21734

96 JUL 22 AM 58

Vol. 1796 Page 21893

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
1B. MIDDLE		January 7, 1988 1300	
1C. LAST		7. AGE	
Vernon		58 YEARS	
Carl		IF UNDER 1 YEAR MONTHS DAYS	
Pierson		IF UNDER 24 HOURS HOURS MINUTES	
4. RACE/ETHNICITY		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Male White		Louise Peterson - SD	
5. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
SD		---	
9. NAME AND BIRTHPLACE OF FATHER		18. KIND OF INDUSTRY OR BUSINESS	
Carl Pierson - SD		Newspaper	
11A. CITIZEN OF WHAT COUNTRY		19C. CITY OR TOWN	
USA		San Marcos	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
19 -- TO 19 --		Louise E. Smith - Mother	
12. SOCIAL SECURITY NUMBER		1503 Bitterroot Court	
549 36 6373		San Marcos, CA 92069	
13. MARITAL STATUS		21A. PLACE OF DEATH	
Divorced		Paradise Hills Convalescent	
15. PRIMARY OCCUPATION		21B. COUNTY	
Plate Maker		San Diego	
16. NUMBER OF YEARS THIS OCCUPATION		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
12		6061 Banbury Street	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		21D. CITY OR TOWN	
San Diego Union		San Diego	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
1503 Bitterroot Court		IMMEDIATE CAUSE	
19B. STATE		A. <i>Cardiac Pulmonary arrest</i>	
California		B. <i>Chronic renal failure</i>	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		C. <i>Problems Mellitus</i>	
Louise E. Smith - Mother		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
1503 Bitterroot Court		none	
San Marcos, CA 92069		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE	
21A. PLACE OF DEATH		28. DATE SIGNED	
Paradise Hills Convalescent		1/8/88	
21B. COUNTY		28. PHYSICIAN'S LICENSE NUMBER	
San Diego		6-33760	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		29. TYPE PHYSICIAN'S NAME AND ADDRESS	
6061 Banbury Street		Richard D. Della Penna, M.D.	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		El Cajon, CA 92020	
IMMEDIATE CAUSE		29. INJURY AT WORK	
A. <i>Cardiac Pulmonary arrest</i>		32A. DATE OF INJURY—MONTH, DAY, YEAR	
B. <i>Chronic renal failure</i>		32B. HOUR	
C. <i>Problems Mellitus</i>			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
none		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUEST-INTERVIEW	
1. ATTENDED DECEDENT SINCE 1 LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
6/9/87 12/30/87		35C. DATE SIGNED	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		36. DISPOSITION	
		Burial	
30. PLACE OF INJURY		37. DATE—MONTH, DAY, YEAR	
		Jan 12, 1988	
31. INJURY AT WORK		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
		San Marcos Cemetery	
32A. DATE OF INJURY—MONTH, DAY, YEAR		1021 Mulberry Dr., San Marcos, CA	
32B. HOUR		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
		San Marcos Mortuary	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		40B. LICENSE NO.	
		1378	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		41. LOCAL REGISTRAR—SIGNATURE	
		Ronald S. Ramon, M.D.	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUEST-INTERVIEW		42. DATE ACCEPTED BY LOCAL REGISTRAR	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE		JAN 11 1988	
35C. DATE SIGNED		43. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
		Kenny W. Ramirez 6908	
36. DISPOSITION		44. STATE REGISTRAR	
Burial		A. B. C. D. E. F.	
37. DATE—MONTH, DAY, YEAR		STATE REGISTRAR	
Jan 12, 1988		JAN 11 1988	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		FEE \$10.00	
San Marcos Cemetery		Return: Raymond Pierson	
1021 Mulberry Dr., San Marcos, CA		305 Michelle Lane #305	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		Groton, Connecticut 06340	
San Marcos Mortuary			
40B. LICENSE NO.			
1378			
41. LOCAL REGISTRAR—SIGNATURE			
Ronald S. Ramon, M.D.			
42. DATE ACCEPTED BY LOCAL REGISTRAR			
JAN 11 1988			
43. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Kenny W. Ramirez 6908			
44. STATE REGISTRAR			
A. B. C. D. E. F.			
STATE REGISTRAR			
JAN 11 1988			

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Raymond Pierson the 22nd day
of July A.D., 19 96 at 10:58 o'clock AM., and duly recorded in Vol. M96
of Deeds on Page 21893
By Bernetha G Letsch, County Clerk

FEE \$10.00

Return: Raymond Pierson
305 Michelle Lane #305
Groton, Connecticut 06340