Vol M96 Page 29134

25080

COUNTY OF VENTURA

VENTURA, CALIFORNIA

3945600 1674

CERTIFICATE OF DEATH

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

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (SURNAME)				
Garland	O.	Triplett				
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
02/11/1923	71			Male	05/28/1994	1048
9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE		12. MARITAL STATUS	13. EDUCATION — YEARS COMPLETED	
Oklahoma	569-32-9678	18 44 TO 19 46 ☐ NONE		Married	9	
14. RACE	15. HISPANIC — SPECIFY			16. USUAL EMPLOYER		
Caucasian	☐ YES ☒ NO			Unknown		
17. OCCUPATION	18. KIND OF BUSINESS			19. YEARS IN OCCUPATION		
Well Serviceman	Oil/Petroleum			25		

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION					
229 South Hemlock Street					
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY	
Ventura	Ventura	93001	40	California	

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Louise Triplett-Wife	229 South Hemlock Street Ventura, CA 93001

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (BIRTH NAME)			
R.	Louise	Kooner			
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST		34. BIRTH STATE	
Jeff		Triplett		Virginia	
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (BIRTH NAME)		38. BIRTH STATE	
Roene		Thomas		Unknown	

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF DISPOSITION		
06/02/1994	229 South Hemlock Street Ventura, CA 93001		

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
CR/RES	Not Embalmed			
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY	
Charles Carroll Funeral Home	F-60		06/01/1994	

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL (INPT. ONLY): ☐ ER ☐ IPDOA	103. FACILITY OTHER THAN HOSPITAL: ☐ CONF. ☐ DOA ☐ OTHER	104. COUNTY
Community Memorial Hospital			Ventura
105. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			106. CITY
Loma Vista Road and North Brent Street			Ventura

CAUSE OF DEATH

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

IMMEDIATE CAUSE	(A) Cardiopulmonary arrest		Immed.
DUE TO	(B) Ruptured Aortic Anuerysm		Days
DUE TO	(C) Arteriosclerotic Vascular Disease		Years
DUE TO	(D)		

108. TIME INTERVAL BETWEEN ONSET AND DEATH

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING TO CAUSE GIVEN IN 107: Hypertension

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 WITHIN THE LAST TWELVE MONTHS? OPERATION DATE: No

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	116. LICENSE NO.	117. DATE MM/DD/CCYY
10/07/1992	05/28/1994		G33622	05/31/1994
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		93003
		Arthur M. Inoshita, M.D. 3003 Loma Vista Rd. Ventura,CA		

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

120. INJURY AT WORK: ☐ YES ☐ NO — 121. INJURY DATE MM/DD/CCYY — 122. HOUR — 123. PLACE OF INJURY

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

124. DESCRIBE HOW INJURY OCCURRED (ENTRIES MADE IN ITEM 124 MAY BE RELATED TO ITEMS 120-123)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER — 127. DATE MM/DD/CCYY — 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								38205 MS	

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134842

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF VENTURA }

DATE ISSUED 06/07/1994

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.

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 Louise Triplett the 16th day of September A.D., 19 96 at 11:48 o'clock A.M., and duly recorded in Vol. M96, of Deeds on Page 29134.

FEE $10.00

Return: Louise Triplett
P.O. Box 1326
Carmichael,Ca 95609

Bernetha G Letsch, County Clerk
By