After Recording Return to:
WILLIAM M. GANONG
ATTORNEY AT LAW
635 MAIN STREET
KLAMATH FALLS, OR 97601

25198

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

Vol. M96 Page 29383

87-103973 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-87-CS-C00103 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: James	1B. MIDDLE: W.	1C. LAST: Zamzow	2A. DATE OF DEATH (MONTH, DAY, YEAR): July 19, 1987	2B. HOUR: 0328		
3. SEX: Male	4. RACE/ETHNICITY: Cauc/American	5. SPANISH/HISPANIC: No	6. DATE OF BIRTH: Feb. 13, 1924	7. AGE: 63 YEARS		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California	9. NAME AND BIRTHPLACE OF FATHER: Fred Zamzow-Germany			10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Veva McDonough-Oregon		
11A. CITIZEN OF WHAT COUNTRY: U.S.A.	11B. IF DECEASED WAS A FORMER MILITARY, GIVE DATES OF SERVICE: 1943 TO 1946	12. SOCIAL SECURITY NUMBER: 560-22-7988	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME): Carol Hutchinson		
15. PRIMARY OCCUPATION: Fire Engineer	16. NUMBER OF YEARS THIS OCCUPATION: 29	17. EMPLOYER (IF SELF-EMPLOYED, GIVE NAME AND ADDRESS): City of San Jose, CA.	18. KIND OF INDUSTRY OR BUSINESS: Firefighting			

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 726 Wild Lilac Court	19B. [illegible]	19C. CITY OR TOWN: Murphys		
19D. COUNTY: Calaveras	19E. STATE: California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Carol E. Zamzow-Wife P.O. Box 1357 Murphys, California 95247		

PLACE OF DEATH

21A. PLACE OF DEATH: Mark Twain Hospital	21B. COUNTY: Calaveras		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 768 Mt. Ranch Road	21D. CITY OR TOWN: San Andreas		

CAUSE OF DEATH

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A): Hepatitis Failure		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (B): Metastatic Prostate Cancer		
DUE TO, OR AS A CONSEQUENCE OF (C):		

24. WAS DEATH REPORTED TO CORONER? No
25. WAS SURGERY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 11-6-84	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 7-18-87	28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE: Rodger Orman ND	28C. DATE SIGNED: 7/20/87	28D. PHYSICIAN'S LICENSE NUMBER: G-52961
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Rodger Orman M.D. 88 W. Hwy #4-Murphys, CA.		

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. GIVE AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED. EVENTS WHICH RESULTED IN INJURY		

CORONER'S USE ONLY

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-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION: Cremation	37. DATE—MONTH, DAY, YEAR: 7/21/1987	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Cherokee Mem'l Park-Lodi, CA.	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Angels Memorial Chapel	40B. LICENSE NO.: 770	41. LOCAL REGISTRAR—SIGNATURE: NADINE JACKSON by Kathy Lobo	42. DATE ACCEPTED BY LOCAL REGISTRAR: JUL 21 1987		
STATE REGISTRAR: A. 1	B. X	C. 2	D.	E.	F.

162129

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.
S. Kimberly Belshe, Director and State Registrar of Vital Records and Statistics
by: [signature]
GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

DATE ISSUED SEP 09 1996

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William Ganong the 17th day of Sept A.D., 19 96 at 3:11 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 29383.

Bernetha G. Letsch County Clerk
By [signature]

RETURN: William Ganong
635 Main St
Klamath Falls Or 97601

FEE $10.00