96 OCT 14 PM 3:41

26760

Vol. M96 Page 32552

MTL39654 MS

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1500 1898

LOCAL REGISTRAR'S DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT'S PERSONAL DATA

1a. NAME OF DECEDENT—FIRST: LEE
1b. MIDDLE: LOUIS
1c. LAST: SHAW
2a. DATE OF DEATH (MONTH, DAY, YEAR): August 24, 1979
2b. HOUR: 112:55 PM
3. SEX: Male
4. RACE: White
5. CITIZEN OF: American
6. DATE OF BIRTH: July 7, 1895
7. AGE: 84 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Barberton, Ohio.
9. NAME AND BIRTHPLACE OF FATHER: Charles L. Shaw Ohio
10. NAME AND BIRTHPLACE OF MOTHER: Carrie Craig. Ohio
11. CITIZEN OF WHAT COUNTRY: U. S. A.
12. SOCIAL SECURITY NUMBER: 555 19 9403
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Agnes Marie Sears
15. USUAL OCCUPATION: Reclamation Dept.
16. KIND OF BUSINESS OR INDUSTRY: 2 Yrs
17. EMPLOYER (IF SELF-EMPLOYED, STATE THIS): Standard Oil Company
18. KIND OF BUSINESS OR INDUSTRY: Petroleum

215

USUAL RESIDENCE

19a. STREET ADDRESS (INCLUDE APT. NO.): 7 Cypress Lane
19b. ZIP: 93268
19c. CITY OR TOWN: Taft
19d. COUNTY: Kern
19e. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mary-Jo C. Bolton
7 Cypress Lane
Taft, California

PLACE OF DEATH

21a. PLACE OF DEATH: West Side Nursing Home
21b. COUNTY: Kern
21c. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 111 West Ash Street
21d. CITY OR TOWN: Taft

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Carcinoma of colon — Approximate interval between onset and death: 1 yr
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B):
DUE TO, OR AS A CONSEQUENCE OF (C):
24. WAS DEATH REPORTED TO CORONER? No
25. WAS SURGERY PERFORMED? No
26. WAS AUTOPSY PERFORMED? No
1538
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE UNDERLYING CAUSE OF DEATH:
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 TIME, DATE AND PLACE STATED FROM THE CAUSE(S) STATED.
LAST SAW ALIVE: 1-22-79
PRONOUNCED DEAD: 8-24-79
28b. SIGNATURE AND DEGREE OF PHYSICIAN: Arthur Griffin MD
28c. DATE SIGNED: 8-24-79
28d. PHYSICIAN'S LICENSE NUMBER: A 157 51
28e. TYPE OR PRINT PHYSICIAN'S NAME AND ADDRESS: ARTHUR GRIFFIN, M. D., 109 Jackson Way, Taft, CA

INJURY INFORMATION

29. ACCIDENT, HOMICIDE, ETC.
30. PLACE OF INJURY
31. INJURY 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 (CHECK OTHER SIDE IF NECESSARY)

CORONER'S USE ONLY

35a. I CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED, AS DETERMINED BY LAW.
35b. DATE AND PLACE OF DEATH
35c. CORONER—SIGNATURE AND DEGREE OR TITLE
35d. DATE SIGNED

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: August 29 1979
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: West Side District Cemetery, Taft, Ca
39. FUNERAL DIRECTOR AND ADDRESS: Wallace G. Cramer 2810
WALLACE G. CRAMER, Registrar
AUG 28 1979
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Erickson & Ercan Funeral Home
41. LICENSE NUMBER: 1009
42. SIGNATURE: Robertson, M.D.
B. Cramer

STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (5-78)

11309

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss.

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER.

This copy is not valid unless generated on an engraved, sealed certificate bearing the seal of the County Recorder.

DATE ISSUED
DEC 5 1979

James W. Maples
James W. Maples
ASSESSOR RECORDER

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 14th day of October A.D., 19 96 at 3:41 o'clock P. M., and duly recorded in Vol. M96, of Deeds on Page 32552.

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $10.00