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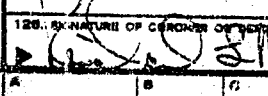
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After Recording:

Return to: Pearl Seamans
508 W. U StreetMTC 41502-LW
CERTIFICATE OF DEATH

3 1994 34

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Cecil		2. MIDDLE Owen	
3. LAST (FAMILY) Seamans			
4. DATE OF BIRTH MM/DD/CCYY 08/08/1924		5. AGE YRS. 70	
6. SEX M		7. DATE OF DEATH MM/DD/CCYY 12/17/1994	
8. HOUR 0650			
9. STATE OF BIRTH MO.		10. SOCIAL SECURITY NO. 486-24-6253	
11. MILITARY SERVICE 19 TO 19 ☒ NONE		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 10			
14. RACE CAUC		15. HISPANIC—SPECIFY ☐ YES ☒ NO	
16. USUAL EMPLOYER CME TRUCK LINES			
17. OCCUPATION TRUCK DRIVER		18. KIND OF BUSINESS FREIGHT HAULING	
19. YEARS IN OCCUPATION 42			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 508 W. U STREET			
21. CITY RIO LINDA		22. COUNTY SACRAMENTO	
23. ZIP CODE 95673		24. YRS IN COUNTY 51	
25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP PEARL SEAMANS wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 508 W. U STREET, RIO LINDA, CA. 95673	
28. NAME OF SURVIVING SPOUSE—FIRST PEARL		29. MIDDLE PAULINE	
30. LAST (MAIDEN NAME) FECKNER			
31. NAME OF FATHER—FIRST ALFONSO		32. MIDDLE -	
33. LAST SEAMANS		34. BIRTH STATE MO.	
35. NAME OF MOTHER—FIRST ETHEL		36. MIDDLE DELL	
37. LAST (MAIDEN) TABOR		38. BIRTH STATE MO.	
39. DATE MM/DD/CCYY 12/21/1994		40. PLACE OF FINAL DISPOSITION SUNSET LAWN MEMORIAL PARK, 4701 MARYSVILLE BLVD. SACRAMENTO, CA. 95838	
41. TYPE OF DISPOSITIONS BURIAL		42. SIGNATURE OF FUNERAL DIRECTOR 	
43. LICENSE NO. 7829		44. NAME OF FUNERAL DIRECTOR SUNSET LAWN MORTUARY	
45. LICENSE NO. FD1023		46. SIGNATURE OF LOCAL REGISTRAR Bette B. Hunter, M.D.	
47. DATE MM/DD/CCYY 12/20/1994 GC			
101. PLACE OF DEATH Kaiser Hospital North		102. IF HOSPITAL, SPECIFY ONE ☒ IP ☐ ER/CP ☐ DOA ☐ CONV. HOSP. ☐ RES. ☐ OTHER	
103. FACILITY OTHER THAN HOSPITAL Sacramento		104. COUNTY Sacramento	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2025 Morse Ave.		106. CITY Sacramento	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE: (A) Severe Generalized Atherosclerotic Cardiovascular Disease DUE TO (B) DUE TO (C) DUE TO (D)		TIME INTERVAL BETWEEN ONSET AND DEATH Years 108. DEATH REPORTED TO CORONER ☒ YES ☐ NO REFERRAL NUMBER 94-4897	
109. BODY PERFORMED ☐ YES ☒ NO		110. AUTOPTOY PERFORMED ☒ YES ☐ NO	
111. USED IN DETERMINING CAUSE ☒ YES ☐ NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 End stage renal disease, Diabetes			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE MM/DD/CCYY DECEASED LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER OFFICER 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP 117. LICENSE NO. 118. DATE MM/DD/CCYY	
119. MANNER OF DEATH ☒ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		120. INJURY (Y/N) ☐ YES ☐ NO 121. DEATH DATE MM/DD/CCYY 122. HOUR 123. PLACE OF DEATH	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER 		127. DATE MM/DD/CCYY 12/19/1994	
128. PRINTED NAME, TITLE OF CORONER OR DEPUTY CORONER Richard L. Miles, Deputy Coroner		129. TAX AUTH. # 4617	
130. CENSUS TRACT			

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Amerititle the 14th day of May A.D., 19 97 at 11:17 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 14722.

FEE \$10.00

by Bernetha G. Leisch, County Clerk
Kathleen Ross