37630

97 MAY 14 A11:17

Vol. M97 Page 14722

After Recording:
Return to: Pearl Seamans
508 W. U Street
Rio Linda CA 95673

MTC 41502-LW

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY-NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER 3 1994 34

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Cecil	Owen	Seamans

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
08/08/1924	70			M	12/17/1994	0650

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
MO.	486-24-6253	19 ___ TO 19 ___ [X] NONE	MARRIED	10

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUC	[ ] YES _____ [X] NO	CME TRUCK LINES

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
TRUCK DRIVER	FREIGHT HAULING	42

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 508 W. U STREET

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
RIO LINDA	SACRAMENTO	95673	51	CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
PEARL SEAMANS wife	508 W.U STREET,RIO LINDA,CA. 95673

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
PEARL	PAULINE	FECKNER	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
ALFONSO	-	SEAMANS	MO.
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
ETHEL	DELL	TABOR	MO.

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
12/21/1994	SUNSET LAWN MEMORIAL PARK,4701 MARYSVILLE BLVD.SACRAMENTO,CA. 95838

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	▶ [signature]	7829
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR
SUNSET LAWN MORTUARY	FD1023	▶ Bette B. Hunter, M.D.

47. DATE MM/DD/CCYY: 12/20/1994 GC

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
Kaiser Hospital North	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [ ] OTHER	Sacramento

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
2025 Morse Ave.	Sacramento

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Severe Generalized Atherosclerotic Cardiovascular Disease	Years
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER 94-4897

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [X] YES [ ] NO

111. USED IN DETERMINING CAUSE: [X] 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

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: ▶ [signature] OFFICER

116. LICENSE NO.

117. DATE MM/DD/CCYY

118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

CORONER'S USE ONLY

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

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

120. INJURY AT WORK: [ ] YES [ ] NO

121. INJURY DATE MM/DD/CCYY

122. HOUR

123. PLACE OF INJURY

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: ▶ [signature]

127. DATE MM/DD/CCYY: 12/19/1994

128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: Richard L. Miles, Deputy Coroner

STATE USE ONLY: A | B | C | D | E | F | G | H | PAX AUTH. # 4617 | 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

Bernetha G. Letsch, County Clerk
by Kathleen Ross