

02E098468 CERTIFICATE OF DEATH STATE OF CALIFORNIA 8000 002152

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST
Oreland

1B. MIDDLE
S.

1C. LAST
Spencer

2A. DATE OF DEATH (MONTH, DAY, YEAR)
March 2, 1982

2B. HOUR
1142

3. SEX
Male

4. RACE
White

5. ETHNICITY
9

6. DATE OF BIRTH
Feb. 1, 1918

7. AGE
64

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)
AR

9. NAME AND BIRTHPLACE OF FATHER
John Shelby Lee Spencer, AR

10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Lula Viola Pharr, AR

11. CITIZEN OF WHAT COUNTRY
U.S.A.

12. SOCIAL SECURITY NUMBER
558-28-1217

13. MARITAL STATUS
Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER LAST NAME)
Martha McQuoid

15. PRIMARY OCCUPATION
Mechanical Engineer

16. NUMBER OF YEARS THIS OCCUPATION
37

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)
U.S. Gov't. Civil Service

18. NAME OF INDUSTRY OR BUSINESS
Naval Undersea Research Lab.

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)
6961 Wyoming Ave.

19B.
La Mesa

19C. CITY OR TOWN
La Mesa

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Martha Spencer (wife)
6961 Wyoming Ave.
La Mesa, CA. 92041

21A. PLACE OF DEATH
El Cajon Valley Hospital

21B. COUNTY
San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
1688 E. Main Street

21D. CITY OR TOWN
El Cajon

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

IMMEDIATE CAUSE

(A) Hemopericardium

(B) Dissecting aortic aneurysm

(C)

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
Cardiomegaly and left ventricular hypertrophy

24. WAS DEATH REPORTED TO CORONER?
Yes

25. WAS DEATH PERFORMED?
No

26. WAS AUTOPSY PERFORMED?
Yes

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?
No

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.) I LAST SAW DECEDENT ALIVE (ENTER NO. DA, YR.)

28B. PHYSICIAN—SIGNATURE AND STATE OF TITLE
DAVID J. STARK, Coroner

28C. DATE SIGNED
3-3-82

28D. PHYSICIAN'S LICENSE NUMBER

29. SPECIFY ACCIDENT, SUICIDE, 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 (EVENTS WHICH RESULTED IN INJURY)

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-INVIGATION)

35B. CHARGES, IF ANY, AND STATE OF TITLE
DAVID J. STARK, Coroner

35C. DATE SIGNED
3-3-82

36. DISPOSITION
Cremation

37. DATE—MONTH, DAY, YEAR
March 5, 1982

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY
Cypress View Crematory, San Diego, CA

39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE
6536 John E. Ragan

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
El Cajon Mortuary F1022

41. LOCAL REGISTRAR—SIGNATURE
Donall E. Ramos, M.D.

42. DATE ACCEPTED BY LOCAL REGISTRAR
MAR 4 - 1982

STATE REGISTRAR

A. 1

B. X

C. 1

D.

E. 4410

F.

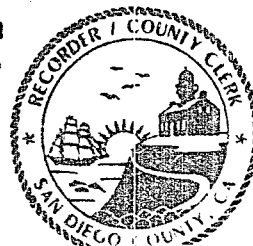
VS-11 (10-79)

This is a true certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Recorder.

JUN 3 0 1997

G. Ragan

Recorder/County Clerk
San Diego County, California



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of David Ragan the 9th day
of July A.D., 19 97 at 1:50 o'clock P M., and duly recorded in Vol. M97
of Deeds on Page 21291.

Return: David Ragan

3101 McNary Pkwy #2
Lake Oswego, Or. 97035

By Bernetha G. Letsch, County Clerk
Kathleen Ross

FEE \$10.00