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'97 JUL -9 P1:50

SPENCER (2nd)
CC-474-82

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 82E036468
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 8000 002452

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Oreland	S.	Spencer	March 2, 1982	1142

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Male	White	9	Feb. 1, 1918	64 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. GIRTH NAME AND BIRTHPLACE OF MOTHER
AR	John Shelby Lee Spencer, AR	Lula Viola Pharr, AR

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVEN NAME)
U.S.A.	558-28-1217	Married	Martha McQuoid

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Mechanical Engineer	37	U.S. Gov't.-Civil Service	Naval Undersea Research Lab.

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
6961 Wyoming Ave.		La Mesa

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	CA	Martha Spencer (wife) 6961 Wyoming Ave. La Mesa, CA. 92041

PLACE OF DEATH

21A. PLACE OF DEATH	21D. COUNTY
El Cajon Valley Hospital	San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1688 E. Main Street	El Cajon

CAUSE OF DEATH

423.0
441.0
429.3

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

IMMEDIATE CAUSE
(A) Hemopericardium
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF
(B) Dissecting aortic aneurysm
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No
TYPE OF OPERATION — 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.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

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)

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)
Investigation
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
DAVID J. STARK, Coroner
35C. DATE SIGNED 3-3-82

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	March 5, 1982	Cypress View Crematory, San Diego, CA	6536 John R. Robinson

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
El Cajon Mortuary F1022
41. LOCAL REGISTRAR—SIGNATURE
Donald L. Reeves, M.D. C.M.E.
42. DATE ACCEPTED BY LOCAL REGISTRAR
MAR 4 - 1982

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
1	X	1		4410	

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 30 1997

Recorder/County Clerk
San Diego County, California

RECORDER / COUNTY CLERK
SAN DIEGO COUNTY, CA

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.

Bernetha G. Letsch, County Clerk

Return: David Ragan
3101 McNary Pkwy #2
Lake Oswego, Or. 97035

By Kathleen Rose

FEE $10.00