41197

Vol M97 Page 22500

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY—NO ERASURES, CERTIFICATE OR ALTERATIONS — VS-11 (REV. 7/96)

STATE FILE NUMBER: 3 199730 004139 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Catherine	S.	Reid

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
03/09/1933	64			F	03/27/1997	0055

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
Scotland	564-60-5360	☐ YES ☒ NO	Married	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Caucasian	☐ YES ☒ NO	Getty Oil Co.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Secretary	Oil	17

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
18061 Theodora Dr.	Tustin	Orange	92780	26	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Gene E. Reid/Husband	18061 Theodora Dr., Tustin, CA 92780

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Gene	Edwin	Reid	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
William	–	Murray	Scotland
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Unknown	–	Stewart	Scotland

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
04/02/1997	Pomona Cemetery, 502 E. Franklin, Pomona, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE (IF EMBALMED)	43. LICENSE NO.
Burial	▶ Richard A. Jodice	8172
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE MM/DD/CCYY**
Saddleback Chapel	FD-1099	▶ [signature] 03/28/1997

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL: ☐ IP ☐ ERROP ☐ ODA	103. FACILITY OTHER THAN HOSPITAL: ☐ DOR ☒ HOME ☐ FCH ☐ CASE ☐ OTHER	104. COUNTY
Fountain Care Conval. Hosp.			Orange
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
1835 W. LaVeta			Orange

CAUSES 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) Metastatic Cancer of Colon	months
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY 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

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

1539 YES 11/8/95 PROCTOCOLECTOMY

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	116. LICENSE NO.	117. DATE MM/DD/CCYY
	2/3/94	3/22/97	▶ Dennis Long MD	G097243	03/27/1997

118. TYPE OR PRINT PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Dennis R. Long, MD, 2501 E. Chapman Ave. Orange, CA 92869

CORONER'S USE ONLY

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

120. INJURY AT WORK: ☐ YES ☐ NO — 121. INJURY DATE MM/DD/CCYY — 122. HOUR — 123. PLACE OF INJURY

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

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

246669

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF ORANGE }

DATE ISSUED: MAR 31 1997

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

JUL 17 AM 9:23

Return to: Amerititle - Collection 31895
Po Box 5017 Klamath Falls OR 97601

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Amerititle the 17th day of July A.D., 19 97 at 9:23 o'clock A. M., and duly recorded in Vol. M97, of Deeds on Page 22500.

Bernetha G. Letsch, County Clerk

FEE $10.00 By Kathleen Kaz