43358

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ATE 03043895

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39056002272

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
97 AUG 11 AM 8:45 THOMAS	JOHN	Drinning	August 10, 1990	0909	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Caucasian	☐ YES ☒ NO	June 2, 1924	66				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
MO	U.S.A.	THOMAS JOHN DRINNING	MO	ETHEL M. MEDICK	MO

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 41 TO 19 66 ☐ NONE	487-24-6013	MARRIED	FRANCES PAULINE RETHERFORD

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Chief Petty Officer	Military	Navy	25	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
3111 South "G" Street	Oxnard	93030

1 OF 2

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ventura	34	CA	Frances P. Drinning - Wife 3111 South "G" Street Oxnard, CA 93030

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence		Ventura

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
3111 S. G. St.	Oxnard		☒ YES 1192-90 ☐ NO

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease

DUE TO (B)

DUE TO (C)

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
Diabetes Mellitus	No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

CORONER'S USE ONLY

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

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER — Thomas Noguchi, M.D. Medical Examiner-Coroner

28B. DATE SIGNED: 8-10-90

29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR COULD NOT BE DETERMINED	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
Natural		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Burial	CONEJO MOUNTAIN MEMORIAL PARK 2052 Howard Rd., Camarillo, CA 93012	Aug. 14, 1990		6676

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
CONEJO MOUNTAIN MEMORIAL PARK	1375	L E Dodds M.D.	AUG 13 1990

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

AFTER RECORDING RETURN TO:
FRANCES P. DRINNING
3111 S. G STREET
OXNARD, CA 93033

This instrument is being recorded as an accommodation only, and has not been examined as to validity, sufficiency or effect it may have upon the herein described property. This courtesy recording has been requested of ASPEN TITLE & ESCROW, INC.

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

AUG 23 1990
DATE

LAWRENCE E. DODDS, M.D., Health Officer and Registrar

15

AFFIDAVIT TO AMEND A RECORD

STATE CERTIFICATE NUMBER 97 AUG 11 26

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 39056002272 26255

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
THOMAS	JOHN	DRINNING

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
M	August 10, 1990	OXNARD - VENTURA COUNTY

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
THOMAS JOHN DRINNING	ETHEL M. MEDICK

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
1C.	DRINNING	DRINNING, JR.

2 OF 2

REASON FOR CORRECTION

9. "JR." was omitted from original Certificate of Death

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
[signature]	Funeral Director	40

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
Aug. 13, 1990	2052 Howard Rd., Camarillo, CA 93012

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
[signature]	Funeral Director	40

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
Aug. 13, 1990	2052 Howard Rd., Camarillo, CA 93012

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
AUG 20 1990	[signature] Dodds M.D. Mar

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 11-83) FORM VS-2

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

COUNTY OF VENTURA CALIFORNIA

AUG 21 1990

DATE

[signature]

LAWRENCE E. DODDS, M.D., Health Officer and Registrar

This instrument is being recorded as an accommodation only, and has not been examined as to validity, sufficiency or effect it may have upon the herein described property. This courtesy recording has been requested of ASPEN TITLE & ESCROW, INC.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 11th day of August A.D., 19 97 at 11:28 o'clock ____ M., and duly recorded in Vol. M97 of ~~Deeds~~ on Page 26254.

FEE $15.00

Bernetha G. Letsch, County Clerk

By Kathleen Rose