

CERTIFICATION STATEMENT

This is to certify that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

SEAL

Curtiss E. Weidmer

Deputy Registrar

Registrar of Vital Statistics
El Dorado County, California

DEC 01 1984

Date

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
RALPH	ROY	KING	November 25, 1984		1109
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE
Male	White	NO <input checked="" type="checkbox"/>	November 22, 1902		82 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Ohio		Clyde D. King - Unknown		Susan Unknown	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
U.S.A.		1203		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS
Real Estate Sales		50	Self-Employed		Real Estate
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
Echo Portals, Echo Lake Rd.				Little Norway	
19D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
El Dorado			California		Grace King - Wife
21A. PLACE OF DEATH		21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
Barton Memorial Hospital		El Dorado	P.O. Box 57		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	Little Norway, California 95721		
4th and South Ave.		So. Lake Tahoe			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?	25. WAS SHOUPY PERFORMED?	
(A) Coronary insufficiency			YES	NO	
(B) Occlusive coronary atherosclerosis			NO	YES	
(C)					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
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- <u>INVESTIGATION</u>)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED
Investigation			<i>V.F. Burtson</i>		11/27/84
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMPALMER'S LICENSE NUMBER AND SIGNATURE	
Burial	11-29-84	Grangeville Cemetery, Armona, California		6907- <i>Michael S. McFarlane</i>	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR	
McFarlane Mortuary		1180	<i>Curtiss E. Weidmer, M.D.</i>	11-27-84	
STATE REGISTRAR	A.	B.	C. 088830	D.	E. 226

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'85 OCT 10 P12:14

SUZANNE BEAUBREAU
RECORDER
\$6⁰⁰ PAID *Bh* DEPUTY

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