50399

CERTIFICATE OF DEATH

VOL. M71 PAGE 2925

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. NAME OF DECEASED—FIRST NAME	Herbert
1B. MIDDLE NAME	Charles
1C. LAST NAME	Austin
2A. DATE OF DEATH—MONTH DAY YEAR	December 31 1969
2B. HOUR	12:30 A M
3. SEX	Male
4. COLOR OR RACE	White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Pennsylvania
6. DATE OF BIRTH	April 25, 1909
7. AGE (LAST BIRTHDAY)	60 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HOURS: HOURS / MINUTES	
8. NAME AND BIRTHPLACE OF FATHER	Andrew Austin- Unknown
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	Edna Unknown- Pennsylvania
10. CITIZEN OF WHAT COUNTRY	U.S.A.
11. SOCIAL SECURITY NUMBER	209-07-7309
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	Norma Monroe
14. LAST OCCUPATION	Owner- Manager
15. NUMBER OF YEARS IN THIS OCCUPATION	9
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	Self
17. KIND OF INDUSTRY OR BUSINESS	Lead Products Manufacturing

PLACE OF DEATH

Field	Entry
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	Inter- Valley Community Hospital
18B. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	21704 W. Soledad Cny. Rd.
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	NO
18D. CITY OR TOWN	Saugus
18E. COUNTY	Los Angeles
18F. LENGTH OF STAY IN COUNTY OF DEATH	26 YEARS
18G. LENGTH OF STAY IN CALIFORNIA	26 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

Field	Entry
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	16257 Lost Cnyn. Rd.
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	NO
19C. CITY OR TOWN	Saugus
19D. COUNTY	Los Angeles
19E. STATE	California
20. NAME AND MAILING ADDRESS OF INFORMANT	Norma Austin, 16257 Lost Cnyn. Rd. Saugus California

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION OR INQUEST	
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM	12/16/69
TO	12/30/69
AND LAST SAW THE DECEASED ALIVE ON	12/30/69
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	[signature] MD
21D. DATE SIGNED	12/31/69
21E. ADDRESS	21700 W. Soledad 91350
21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	C22484

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	Burial
22B. DATE	1-2-70
23. NAME OF CEMETERY OR CREMATORY	Eternal Valley Mem. Park
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER	George H. Green 5329
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Hilburn's Funeral Chapel
26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	NO
27. LOCAL REGISTRAR—SIGNATURE	[signature] MD
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	JAN 2 1970

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (A)	medullary failure	10 min
DUE TO, OR AS A CONSEQUENCE OF (B)	Carcinoma of the Prostate - metastatic	4 years
DUE TO, OR AS A CONSEQUENCE OF (C)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

Field	Entry
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I	
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	NO
32A. AUTOPSY (SPECIFY YES OR NO)	NO
32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	

INJURY INFORMATION

Field	Entry
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)	
36A. DATE OF INJURY—MONTH DAY YEAR	
36B. HOUR	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 (MILES)	
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)	
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					9200

Margin annotations: 1, 5, 9, 8

REV 1-68 Form VS-11

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Norma Austin

this 7th day of April A. D. 19 71 at 1:26 o'clock P. M., and duly recorded in

Vol. M71, of Deeds on Page 2925

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WM. D. MILNE, County Clerk

Fee 1.50 By Mary L. Lindsay