STATE FILE NUMBER 7097-038137

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Homer	1b. MIDDLE NAME: Richard	1c. LAST NAME: Robles	2a. DATE OF DEATH—MONTH, DAY, YEAR: September 14, 1971	2b. HOUR: 2:20A M		
3. SEX: male	4. COLOR OR RACE: cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas	6. DATE OF BIRTH: March 26, 1927	7. AGE (LAST BIRTHDAY): 44 YEARS	IF UNDER 1 YEAR: MOS. DAYS	IF UNDER 24 HOURS: MIN. HOURS
8. NAME AND BIRTHPLACE OF FATHER: unknown Robles Mexico			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Francis Esquivel Texas			
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 458-22-9988	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Evelyn Chudzik			
14. LAST OCCUPATION: Business Manager	15. NUMBER OF YEARS IN THIS OCCUPATION: 3	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE): Arlin-Demar Corp.	17. KIND OF INDUSTRY OR BUSINESS: Restaraunt			

PLACE OF DEATH

18. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Los Angeles County Harbor General Hospital	18a. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1000 West Carson Street		18f. LENGTH OF STAY IN COUNTY OF DEATH: 2 wks YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 21 YEARS
18b. CITY OR TOWN: Torrance	18c. COUNTY: Los Angeles	18e. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No		

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 8041 Sunset Circle	19e. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Evelyn Robles Beach 8041 Sunset Circle, Huntington		
19c. CITY OR TOWN: Huntington Beach	19d. COUNTY: Orange	19f. STATE: California		

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I PERSONALLY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I MAKE HELD ON THE REMAINS OF DECEASED AS PROVIDED BY LAW	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND LAST SAW HER/HIM ALIVE ON (ENTER MONTH, DAY, YEAR): 9-14-71		21c. PHYSICIAN (SIGNATURE AND TITLE): Palmer H. White, M.D.	21d. DATE SIGNED: 9-15-71	
INVESTIGATION OR INQUEST:	FROM (ENTER MONTH, DAY, YEAR): 9-7-71	TO (ENTER MONTH, DAY, YEAR): 9-14-71	21e. ADDRESS: Harbor General Hospital Torrance, California	21f. PHYSICIAN'S OR CALIFORNIA CORONER'S LICENSE NUMBER: G 14243		

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: Sept. 18, 1971	23. NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery	24. EMBALMER—SIGNATURE (IF BODY EMBALMED): David E. Persons	LICENSE NUMBER: 5293
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Smiths' Mortuary, Hunt. Bch.	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): no	27. LOCAL REGISTRAR—SIGNATURE: [illegible]	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: SEP 16 1971	

CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Cardiorespiratory arrest	
DUE TO, OR AS A CONSEQUENCE OF (B)	Hypovolemic shock	36 hrs
DUE TO, OR AS A CONSEQUENCE OF (C)	Duodenal ulcer with hemorrhage	

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

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

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, 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)

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

MEDICAL AND HEALTH DATA

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STATE REGISTRAR

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganogn, Gordon & Sisemore

this 30th day of Dec. A. D., 1971 at 10:53 o'clock A M., and duly recorded in Vol. M 71, of Deeds on Page 13653

Fee $1.50

DEC 30 10 53 AM 197

WM. D. MILNE, County Clerk

By Alice C. Fiegen