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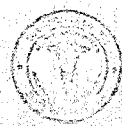
NOV 10 1972

CERTIFICATE OF DEATH

Vol. 72 Page 12957

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME		1B. MIDDLE NAME		1C. LAST NAME	
George		A.		Pinnegan	
3. SEX		4. COLOR OR RACE		5. BIRTHPLACE (STATE, CITY, COUNTY, COUNTRY)	
Male		Cauc		Montana	
6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		2A. DATE OF DEATH—MONTH, DAY, YEAR	
March 21, 1925		47 YEARS		July 6, 1972	
8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY	
George A. Pinnegan--Minnesota		Mary Dillon--Minnesota		USA	
11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
516-24-8031		Divorced			
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	
Plumber		25 yrs		Hickman Bros.	
17. KIND OF INDUSTRY OR BUSINESS		18. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		19. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
Plumbing		4140 Grand View Blvd.		yes	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		20. NAME AND MAILING ADDRESS OF INFORMANT	
4140 Grand View Blvd.		yes		Shirley Finnegan	
19C. CITY OR TOWN		19D. COUNTY		19E. STATE	
Los Angeles		Los Angeles		California	
21A. CORONER (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CUES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.)		21B. PHYSICIAN (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CUES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM FROM TO LAST DAY OF LAST YEAR ENTER MONTH DAY YEAR ENTER MONTH DAY YEAR ENTER MONTH DAY YEAR)		21C. EVIDENCE OF DEATH (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CUES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM FROM TO LAST DAY OF LAST YEAR ENTER MONTH DAY YEAR ENTER MONTH DAY YEAR ENTER MONTH DAY YEAR)	
Investigation				21D. DATE SIGNED 7-8-72	
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22B. DATE		23. NAME OF CEMETERY OR CREMATORY	
Burial		7/10/72		Valhalla Mem Park	
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. LOCAL REGISTRATION DISTRICT	
Pierce Bros./Venice		Pierce Bros./Venice		3118	
27. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) DUE TO OR AS A CONSEQUENCE OF (B) DUE TO OR AS A CONSEQUENCE OF (C)		28. PART II. OTHER SIGNIFICANT CONDITIONS—(CONTINUING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE STATED IN PART I)		29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Anterior Coronary Cardiovascular Disease					
30. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		31. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		32. INJURY AT WORK	
33. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DATE OF INJURY—MONTH, DAY, YEAR		35. HOUR	
36. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, MENTION OF INFLUENCING FACTORS SHOULD BE ENTERED IN ITEM 37)		37. IF INJURY OCCURRED WHILE OPERATING A MOTOR VEHICLE, ENTER MAKE, MODEL, YEAR, AND LICENSE NUMBER		38. IF INJURY OCCURRED WHILE OPERATING A MOTOR VEHICLE, ENTER MAKE, MODEL, YEAR, AND LICENSE NUMBER	
STATE REGISTRAR		A		B	
		C		D	
		E		F	
				2723	

THIS IS A TRUE AND CORRECT COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT. IT BEARS THE SEAL IMPRINTED IN PURPLE INK.



JUL 10 1972

W. D. Milne, M.D., M.P.H., Health Officer and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of SHIRLEY FINNEGAN

this 10th day of November A. D. 1972 at 10:49 o'clock A. M., and duly recorded in

Vol. M 72 of DEEDS on Page 12957

FEE \$ 2.00

WM. D. MILNE, County Clerk

By *W. D. Milne*