70212

CERTIFICATE OF DEATH

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STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
George	A.	Finnegan	July 6, 1972	7:00 PM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: MINUTES / DAYS
Male	Cauc	Montana	March 21, 1925	47 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
George A. Finnegan--Minnesota	Mary Dillon--Minnesota

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	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)	17. KIND OF INDUSTRY OR BUSINESS
Plumber	25 yrs	Mickman Bros.	Plumbing

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTIONAL FACILITY	18a. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	4140 Grand View Blvd.	yes

18c. CITY OR TOWN	18f. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Los Angeles	Los Angeles	18 YEARS	18 YEARS

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

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 2626 11th St. Santa Monica, Calif

19c. CITY OR TOWN	19d. COUNTY	19f. STATE
Los Angeles	Los Angeles	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. BY: Investigation (INVESTIGATION, INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND TO THE BEST OF MY KNOWLEDGE AND BELIEF FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON (ENTER MONTH, DAY, YEAR)

21c. SIGNATURE OF CORONER OR PHYSICIAN: R. Finlayson M.D. Deputy

21d. ADDRESS: Hall of Justice, Los Angeles

21e. DATE SIGNED: 7-8-72

21f. LICENSE NUMBER: 20 A 2301

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	7/10/72	Valhalla Mem Park	Charles E Burke 3118

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. (IF NOT CERTIFIED BY CORONER) WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Pierce Bros./Venice		R. Finlayson M.D.	JUL 10 1972

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

IMMEDIATE CAUSE (A): Arteriosclerotic Cardiovascular Disease

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

DUE TO, OR AS A CONSEQUENCE OF (B):

DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN 29 OR 30? (SPECIFY YES OR NO)	32a. AUTOPSY? (SPECIFY YES OR NO)	32b. IF NOT, WERE FINDINGS OF CAUSE OF DEATH? (SPECIFY YES OR NO)
yes	no	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (DESCRIBE HOME, FARM, STREET, 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. IF OUTSIDE CITY OR RURAL RESIDENCE, DISTANCE FROM CITY LIMITS	38. WERE AUTOPSY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	MILES		

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
					2723

MEDICAL AND HEALTH DATA

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

JUL 10 1972

[signature] 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., 19 72 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 Hazel Dragel