Vol. 73 Page 2390

73941 FEB 7 2 27 PM 1973

01179

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

8009 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1a. NAME OF DECEASED—FIRST NAME: Norma	1b. MIDDLE NAME: May	1c. LAST NAME: LAMMERMAN	2a. DATE OF DEATH—MONTH, DAY, YEAR: January 31, 1973	2b. HOUR: 6:25 A M	
3. SEX: Female	4. COLOR OR RACE: Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah	6. DATE OF BIRTH: March 31, 1918	7. AGE (LAST BIRTHDAY): 54 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Gus C. Unander--Utah			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: May C. Dye--Utah		
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 261-30-9695	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Allen D. Lammerman		
14. LAST OCCUPATION: Housewife	15. NUMBER OF YEARS IN THIS OCCUPATION: 36	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): self-employed	17. KIND OF INDUSTRY OR BUSINESS: Own home		
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Naval Hospital		18d. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): Park Blvd.		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	
18b. CITY OR TOWN: San Diego		18e. COUNTY: San Diego	18f. LENGTH OF STAY IN COUNTY OF DEATH: 27 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 27 YEARS	
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4014 Manzanita Drive		19d. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Allen D. Lammerman (spouse) 4014 Manzanita Drive San Diego, California 92105		
19c. CITY OR TOWN: San Diego	19b. COUNTY: San Diego	19e. STATE: California			
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. ——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 (MONTH, DAY, YEAR): 1/16/73 TO (MONTH, DAY, YEAR): 1/31/73 AND I LAST SAW THE DECEASED ALIVE ON (MONTH, DAY, YEAR): 1/31/73	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: T.A. Harris	21d. DATE SIGNED: 2/1/73		
		21e. ADDRESS: R.HARRIS,LT MC USNR NavHospital,SDiego,Calif.	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: None		
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 2-6-1973	23. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: George M. Harrison #5086 By Pat Byrd Atty in Fact		
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Greenwood Mortuary		26. IF NOT CLERIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No	27. LOCAL REGISTRAR—SIGNATURE: [illegible] M.D. C.S.	28. DATE RECEIVED BY LOCAL REGISTRAR: FEB 2 1973	

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

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiac arrest	
DUE TO, OR AS A CONSEQUENCE OF (B)	Inappropriate antidiuretic hormone secretion	
DUE TO, OR AS A CONSEQUENCE OF (C)	Pulmonary embolus	

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: None

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No	32a. AUTOPSY (SPECIFY YES OR NO): Yes	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M

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.

REV. 1-1-68 Form VS-11

Ret: A.D. Lammerman
4014- Manzanita Dr.
San Diego, Calif
92105

2390-"A"

COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC HEALTH
THIS IS A TRUE CERTIFIED COPY
OF THE ORIGINAL DOCUMENT FILED
FEE PAID: $2.00
DATE ISSUED: FEB 28 1973
E. B. Askew M.D.
DIRECTOR OF PUBLIC HEALTH AND
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of A D LAMMERMAN

this 7th day of March A. D., 1973 at 2:27 o'clock P M., and duly recorded in Vol. M 73, of DEEDS on Page 2390

WM. D. MILNE, County Clerk

By Hazel Dragt

Fee #2.00
mail