750060

APR 6 11 58 AM 197

Vol. 73 Page 4052

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 9

1a. NAME OF DECEASED—FIRST NAME: AGNES
1b. MIDDLE NAME: HELEN
1c. LAST NAME: THARALSON
2a. DATE OF DEATH—MONTH, DAY, YEAR: March 2, 1973
2b. HOUR: 3 00 A.M.
3. SEX: Female
4. COLOR OR RACE: Caucasian
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Norway
6. DATE OF BIRTH: February 18, 1894
7. AGE (LAST BIRTHDAY): 79 YEARS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: A. Frederickson - Norway
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: (Unknown) Peterson - Norway
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 556-21-7320
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Erling Tharalson
14. LAST OCCUPATION: Housewife
15. NUMBER OF YEARS IN THIS OCCUPATION: 59
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): - - -
17. KIND OF INDUSTRY OR BUSINESS: Own Home

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Residence
18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): ~~2705~~ Mayflower Ave.
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): NO.
18d. CITY OR TOWN: Arcadia
18e. COUNTY: Los Angeles
18f. LENGTH OF STAY IN COUNTY OF DEATH: 49 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 49 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2705 Mayflower Ave.
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no
19c. CITY OR TOWN: Arcadia
19d. COUNTY: Los Angeles
19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Mr. Erling Tharalson-Husband, Same

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.
INVESTIGATION REQUEST
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE. AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) 1-24-73 TO (ENTER MONTH, DAY, YEAR) 3-2-73 AND LAST SAW ALIVE (ENTER MONTH, DAY, YEAR) 2-26-73
21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE): Charles Sturz MD
21d. DATE SIGNED: 3-2-73
21e. ADDRESS: 623 W Duarte Rd, Ar
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G 1455

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Cremation
22b. DATE: 3-5-73
23. NAME OF CEMETERY OR CREMATORY: Glendale Forest Lawn Memorial Park
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Wilmer L. Elliott 4422
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): FOREST LAWN MEMORIAL-PARK ASSN. GLENDALE, CALIFORNIA
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)
27. LOCAL REGISTRAR—SIGNATURE: [illegible]
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: MAR 5 1973

MEDICAL AND HEALTH DATA

CAUSE OF DEATH 9

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
IMMEDIATE CAUSE (A): Cerebrovascular heart disease 24 hrs
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 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 12

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

REV. 1-1-69 Form VS-11

4053

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.

MAR 8 1973

G. A. Heidbreder, M.D., M.P.H., Health Officer and Registrar

Return
Steven Zamsky

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of CANOMS, STERMORE & ZAMSKY

this 6th day of APRIL A. D., 19 at 11:58 o'clock A M., and duly recorded in Vol. M 73, of DEEDS on Page 4052

FEE $ 4.00

WM. D. MILNE, County Clerk

By Hazel Drazil