82517

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

13870

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097-036169

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a NAME OF DECEASED—FIRST NAME: Homer | 1b MIDDLE NAME: Holiday | 1c LAST NAME: Van Pelt

2a DATE OF DEATH—MONTH DAY YEAR: September 3, 1973 | 2b HOUR: 1:15 P M

3 SEX: Male | 4 COLOR OR RACE: Caucasian | 5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

6 DATE OF BIRTH: February 27, 1905 | 7 AGE (LAST BIRTHDAY): 68 YEARS | IF UNDER 1 YEAR: MONTHS DAYS | IF UNDER 24 HOURS: HOURS MINUTES

8 NAME AND BIRTHPLACE OF FATHER: T. E. Van Pelt, Unknown

9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Kate Johnson, Unknown

10 CITIZEN OF WHAT COUNTRY: United States | 11 SOCIAL SECURITY NUMBER: 548-01-5596 | 12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 13 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Margaret Mount

14 LAST OCCUPATION: Photographer | 15 NUMBER OF YEARS IN THIS OCCUPATION: 47 | 16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Various Studios | 17 KIND OF INDUSTRY OR BUSINESS: Motion Pictures

PLACE OF DEATH

18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY: Granada Hills Community Hospital | 18b STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 10445 Balboa Boulevard | 18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

18d CITY OR TOWN: Granada Hills | 18e COUNTY: Los Angeles | 18f LENGTH OF STAY IN COUNTY OF DEATH: 68 YEARS | 18g LENGTH OF STAY IN CALIFORNIA: 68 YEARS

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

19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6641 Wilbur Avenue Apartment 4 | 19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

19c CITY OR TOWN: Reseda | 19d COUNTY: Los Angeles | 19e STATE: California

20 NAME AND MAILING ADDRESS OF INFORMANT: Margaret A. Van Pelt, 6641 Wilbur Avenue Apt. 4, Reseda, 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. (SIGNATURE OF CORONER)

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 (ENTER MONTH DAY YEAR) 8-15-73 TO (ENTER MONTH DAY YEAR) 9-3-73 AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH DAY YEAR) 8-31-73

21c SIGNATURE OF CORONER—SIGNATURE AND DEGREE OR TITLE: Charles B Moore MD | 21d DATE SIGNED: 9/4/73

21e ADDRESS: 4205 Brand Blvd. | 21f PHYSICIAN'S OR CORONER'S LICENSE NUMBER: G 471

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Cremation | 22b DATE: 9/5/73 | 23 NAME OF CEMETERY OR CREMATORY: Inglewood Crematory

24 EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: [signature] 2825

25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): INGLEWOOD CEMETERY MORTUARY | 26 IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No | 27 LOCAL REGISTRAR—SIGNATURE: [signature] | 28 DATE ACCEPTED FOR REGISTRATION: SEP 5 1973

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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

(A) IMMEDIATE CAUSE: Renal Failure

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

(C) DUE TO, OR AS A CONSEQUENCE OF: Surgery for Carcinoma of Rectum

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks

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

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

INJURY INFORMATION

33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34 PLACE OF INJURY (E.G., FACTORY, FARM, HOME, HIGHWAY, 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.
					1325

REV. 5-68 Form VS-11

OCT 15 4 00 PM 1973

Ret: Margaret A. Van Pelt
6641 - Wilbur Ave
Reseda Calif 91335

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

SEP 18 1973

FEE $2.00

Leon A. Wilhelm, Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title

this 15 day of Oct A. D., 1973 at 4:00 o'clock p M., and duly recorded in Vol. M-73, of deeds on Page 13870

2.00

WM. D. MILNE, County Clerk

By Hazel Dragoo deputy