85313

# 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: Theodore | 1b. MIDDLE NAME: | 1c. LAST NAME: Posey
2a. DATE OF DEATH—MONTH, DAY, YEAR: July 22, 1972 | 2b. HOUR: 10:35 AM
3. SEX: Male | 4. COLOR OR RACE: Cauc. | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
6. DATE OF BIRTH: June 21, 1905 | 7. AGE (LAST BIRTHDAY): 67 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: James Posey, Texas | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Annie Forbes, Texas
10. CITIZEN OF WHAT COUNTRY: USA | 11. SOCIAL SECURITY NUMBER: 568-12-0890 | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mary K. Keller
14. LAST OCCUPATION: Truck Driver | 15. NUMBER OF YEARS IN THIS OCCUPATION: 20 | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): United Elevator | 17. KIND OF INDUSTRY OR BUSINESS: Manufacturing

**PLACE OF DEATH**

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: El Monte Medical Center | 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 3131 Santa Anita Ave. | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18d. CITY OR TOWN: El Monte | 18c. COUNTY: Los Angeles | 18f. LENGTH OF STAY IN COUNTY OF DEATH: 47 YEARS | 18g. LENGTH OF STAY IN CALIFORNIA: 47 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3606 Strang | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes | 20. NAME AND MAILING ADDRESS OF INFORMANT: Mary K. Posey, 3606 Strang, Rosemead, Calif. 91770
19c. CITY OR TOWN: Rosemead | 19d. COUNTY: Los Angeles | 19e. STATE: 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. Investigation
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 ... TO ... AND LAST SAW ALIVE ON ...
20. PHYSICIAN OR CORONER (SIGNATURE AND TITLE): BY [illegible] CORONER | 21c. DATE SIGNED: 7-24-72
[illegible] LOS ANGELES, CALIF. 90033 | 21d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Cremation | 22b. DATE: July 25, 1972 | 23. NAME OF CEMETERY OR CREMATORY: Odd Fellows Crematory then Evergreen Cemetery-Texas | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED): Charles W Hartman 5289
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Lee M. Hill Mortuary | 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): | 27. LOCAL REGISTRAR—SIGNATURE: [illegible] MD glw | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JUL 25 1972

**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. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
(A) IMMEDIATE CAUSE: Acute Cardiac Insufficiency
(B) DUE TO OR AS A CONSEQUENCE OF: Coronary Sclerosis
(C) DUE TO OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease
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)
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

**INJURY INFORMATION** 5+1F

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE. | 34. PLACE OF INJURY (SPECIFY HOME, FARM, 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. 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)? No | 39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO): 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. 4329

REV 1-1-68 Form VS-11

JAN 18 3 54 PM 1974

Ret Gaming & Stegemoie
538 Main

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GAMING & STEGEMOIE

this 18th day of January A. D., 19 74 at 3:25 o'clock P M., and duly recorded in Vol. M 74, of DEEDS on Page 661

FEE $ 2.00

WM. D. MILNE, County Clerk

By [illegible] Deputy