AUG 15 9 55 AM 1974

91316 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

3600 Vol. 24 Page 9837 — 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
VEDA	LOUISE	LEGG	MAR. 8, 1974	11:21A M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Female	Caucasian	Illinois	Oct. 10, 1915	58 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Horace Smith, Ky.	Minnie Steembergen, Ky.

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	551-12-1830	Married	Tommie R. Legg

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
Housewife	15	Her Home	-

PLACE OF DEATH

18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Needles Municipal Hospital	143 H. St.	Yes

18D. CITY OR TOWN	18E. COUNTY	18F. LENGTH OF STAY IN COUNTY OF DEATH	18G. LENGTH OF STAY IN CALIFORNIA
Needles	San Bernardino	2 da. YEARS	2 da. 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
174 Pamela St.	No	Tommie R. Legg Box 950 Needles, Ca. 92363

19C. CITY OR TOWN	19D. COUNTY	19E. STATE
Mohave Valley	Mohave	Arizona

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 AN (INVESTIGATION OR INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

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 12-22-71 TO 3-8-74 AND LAST SAW HIM ALIVE 3-8-74

21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: D. Richardson M.D.

21D. DATE SIGNED: 3-11-74

21E. ADDRESS: Needles

21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C-26735

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22B. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER'S SIGNATURE (IF BODY EMBALMED)	LICENSE NUMBER
Burial	3-11-74	River View Cem., Needles	C.F. [signature]	3303

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION
Needles Mortuary, Needles	No	S.N. Rosenberg, M.D.	3-11-74

CAUSE OF DEATH (MEDICAL AND HEALTH DATA)

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Bronchopneumonia	2 Da.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (B)	Cong. Heart Failure	Wks
DUE TO, OR AS A CONSEQUENCE OF (C)	Emphysema, Chr. Pulm.	Yrs

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

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 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)

5-3-75

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

Ref to
Cert

9838

I hereby certify that this is a true and correct copy of Death certificate on file in this office.
Stephen N. Rosenberg, M. D., Local Registrar
San Bernardino County
Assistant Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GAYONE A. STEWART ATTY

this 13th day of AUGUST A. D., 19 74 at 9:53 o'clock A M., and duly recorded in Vol. M 74, of DEEDS on Page 8837

FEE $ 4.00

WM. D. MILNE, County Clerk

By Hazel Engle Deputy