S8818 (State File Number)

CERTIFICATE OF DEATH

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STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of Deceased—First Name	DANIEL DANIEL
1b. Middle Name	WILLIAMS
1c. Last Name	MEDINA aka WILLIAMS
2a. Date of Death—Month Day Year	February 1, 1975
2b. Hour	0648 Hrs.
3. Sex	Male
4. Color or Race	Caucasian
5. Birthplace	California
6. Date of Birth	November 2, 1914
7. Age	60 Years
8. Name and Birthplace of Father	Marcial Medina, Mexico
9. Maiden Name and Birthplace of Mother	Ramona Williams, California
10. Citizen of What Country	United States
11. Social Security Number	569-01-7394
12. Married, Never Married, Widowed, Divorced	Married
13. Name of Surviving Spouse	Josephine Alonzo
14. Last Occupation	Truck Driver
15. Number of Years in This Occupation	40
16. Name of Last Employing Company or Firm	Zacky & Sons Poultry Co.
17. Kind of Industry or Business	Wholesale of Poultry & Meat

PLACE OF DEATH

Field	Entry
18a. Place of Death—Name of Hospital or Other In-Patient Facility	
18b. Street Address	1833 1/3 West Eleventh Place
18c. Inside City Corporate Limits	Yes
18d. City or Town	Los Angeles
18e. County	Los Angeles
18f. Length of Stay in County of Death	60 Years
18g. Length of Stay in California	60 Years

USUAL RESIDENCE (If death occurred in institution, enter residence before admission)

Field	Entry
19a. Usual Residence—Street Address	2415 Dallas Street
19b. Inside City Corporate Limits	Yes
19c. City or Town	Los Angeles
19d. County	Los Angeles
19e. State	California
20. Name and Mailing Address of Informant	Harvey Rathfelder - son-in-law, 9708 East Guess Street, Rosemead, California 91770

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21a. Coroner	INVESTIGATION
21c. Physician or Coroner—Signature	Alberta Hill
21d. Date Signed	2-2-75
License Number	CC27530

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify Burial, Entombment or Cremation	Burial
22b. Date	2/5/75
23. Name of Cemetery or Crematory	FOREST LAWN MEMORIAL-PARK
24. Embalmer—Signature, License Number	Frederick B. Macdonald 3657
25. Name of Funeral Director	Forest Lawn Hollywood Hills Mortuary
27. Local Registrar—Signature	Liston A. Witherill
28. Date Accepted for Registration by Local Registrar	FEB 5 1975

CAUSE OF DEATH

29. Part I. Death was caused by: (Enter only one cause per line for A, B, and C)

Immediate cause (A) ACUTE CARDIAC FAILURE

Due to, or as a consequence of (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Due to, or as a consequence of (C)

30. Part II. Other significant conditions

31. no

32a. no

INJURY INFORMATION

33. Specify accident, suicide or homicide

34. Place of injury

35. Injury at work

36a. Date of injury

36b. Hour

37a. Place of injury

38. no

39. no

40. Describe how injury occurred

10

STATE REGISTRAR

A | B | C | D | E | F 8-2-49

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.

FEB 7 1975

FEE $2.00

Liston A. Witherill

Liston A. Witherill, Director of Health Services and Registrar

Ret: Audrey Montgomery
P.O. Box 219
Scappoose, OR 97056 Oregon

RECEIVED MAR 12 1975
11:30 am

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 12th day of MARCH A. D., 1975 at 11;30 o'clock A M., and duly recorded in

Vol. M 75, of DEEDS on Page 2849

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy