Vol. M 75 Page 7024

1986 CERTIFICATE OF DEATH

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

STATE FILE NUMBER | 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
ROBERT	PETER	RUTH	Jan. 7, 1975	1230 M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MINUTES)
Male	Caucasian	New York	January 18, 1930	44 YEARS

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Unk. Unk.	Hortense A. Ruth, New York

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)
U.S.A.	124-22-5177	Never Married	---

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
Bill Collector	3	Unknown	Collection Agency

PLACE OF DEATH

18a. PLACE OF DEATH — NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	18e. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Queen of Angels	2301 Bellview	yes

18d. CITY OR TOWN	18f. COUNTY	18g. LENGTH OF STAY IN COUNTY OF DEATH	18h. LENGTH OF STAY IN CALIFORNIA
Los Angeles	Los Angeles	23 YEARS	23 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
6614 1/2 Pacific Blvd.	yes	Hortense A. Ruth 2755"D" E. 58th Street Huntington Park, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Huntington Park	Los Angeles	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	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) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)	21c. THIS ... CORONER — BY ... DEPUTY	21d. DATE SIGNED
Investigation (INVESTIGATION OR INQUEST)		2100 MISSION RD. LOS ANGELES, CALIF. 90033	1-8-75

21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
GC 27530

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER — SIGNATURE OF BODY EMBALMED — LICENSE NUMBER
Burial	1/15/75	National Cemetery West Los Angeles, Calif.	5587

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR — SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Klinker-Carroll-Cunningham			JAN 10 1975

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		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CONGESTIVE HEART FAILURE	
DUE TO, OR AS A CONSEQUENCE OF	(B) CORONARY ARTERY ATHEROSCLEROSIS	
DUE TO, OR AS A CONSEQUENCE OF	(C)	

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 ITEM 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
No	Yes	Yes

MEDICAL AND HEALTH DATA

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	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 IN MILES FROM INJURY TO USUAL RESIDENCE (ITEM 19)	38. LABORATORY TESTS DONE FOR DRUGS AND/OR CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	MILES	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

VS 11 -B 75

After recordation please return to:

GANONG & SISEMORE
540 MAIN STREET
KLAMATH FALLS, OREGON 97601

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.

FEE $2.00

JAN 10 1975

Irene A. Wilhelm, Director of Health Services and Registrar

RECEIVED JUN 20 1975
12:30 pm

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONG & SISEMORE

this 20th day of JUNE A. D., 1975 at 12:30 o'clock P M., and duly recorded in Vol. M 75, of DEEDS on Page 7024

FEE $ 2.00

WM. D. MILNE, County Clerk

By ... Deputy

STATE OF OREGON; C
Filed for record at request
this 20th day of JUN
Vol. M 75 of AU
RECEIVED
12: