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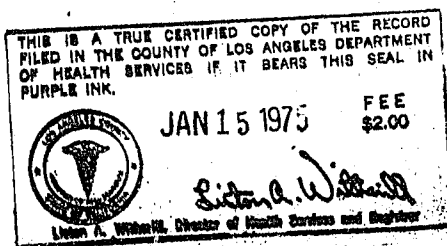
CERTIFICATE OF DEATH

Vol. ^m 75 Page 10210

STATE FILE NUMBER		DATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEASED—FIRST NAME EDNA		1B MIDDLE NAME SHERMAN		1C LAST NAME SHERMAN	
3 SEX FEMALE		4 COLOR OR RACE CAUCASIAN		5 BIRTHPLACE TEXAS	
6 DATE OF BIRTH JANUARY 23, 1909		7 AGE 65		8 NAME AND BIRTHPLACE OF FATHER EDWIN L. THORP - TEXAS	
9 MAIDEN NAME AND BIRTHPLACE OF MOTHER ADA MAE HITE - MISSOURI		10 CITIZEN OF WHAT COUNTRY U.S.A.		11 SOCIAL SECURITY NUMBER 547-18-8585	
12 MARRIED NEVER MARRIED WIDOWED DIVORCED		13 NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME) --		14 LAST OCCUPATION HOUSEWIFE	
15 NUMBER OF YEARS IN THIS OCCUPATION NR		16 NAME OF LAST EMPLOYING COMPANY OR FIRM NA		17 KIND OF INDUSTRY OR BUSINESS OWN HOME	
18A PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY Los Angeles County - USC Medical Center		18B STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1200 North State Street		18C INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18D CITY OR TOWN Los Angeles		18E COUNTY Los Angeles		18F LENGTH OF STAY IN CALIFORNIA 13 YEARS	
19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2201 NORTH EASTERN AVENUE		19B INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES		20 NAME AND MAILING ADDRESS OF INFORMANT HOSPITAL RECORDS 1200 No. State Street Los Angeles California	
19C CITY OR TOWN LOS ANGELES		19D COUNTY LOS ANGELES		19E STATE CALIFORNIA	
21A CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND 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 PLACE AND DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		21C PHYSICIAN OR CORONER: SIGNATURE AND DATE <i>Robert Turner</i> 1/8/75	
22A SPECIFY BURIAL, ENTOMBMENT OR CREMATION CREMATION		22B DATE 1-13-75		22C NAME OF CEMETERY OR CREMATORY LOSA CO. CREMATORY	
23 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LAC USC MEDICAL CENTER		24 EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER NOT EMBALMED		25 DATE SIGNED 1/8/75	
26 IF NOT CERTIFIED BY CORONER: THIS DEATH IS REPORTED TO CORONER (SPECIFY YES OR NO) NO		27 LOCAL REGISTRAR—SIGNATURE <i>John A. Willard</i>		28 DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR JAN 10 1975	
29. PART I. DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE CARDIAC ARREST (B) DUE TO OR AS A CONSEQUENCE OF ATHEROSCLEROTIC + HYPERTENSIVE HEART DISEASE (C) DUE TO OR AS A CONSEQUENCE OF HYPERTENSION		30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. EMPHYSEMA, PNEUMONIA		31. WAS OPERATION OR BIOPSY PERFORMED FOR THIS CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) NO	
32A. SUFFICIENT CAUSE OF DEATH (SPECIFY YES OR NO) YES		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) YES		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE --	
34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) --		35. INJURY AT WORK (SPECIFY YES OR NO) --		36. DATE OF INJURY—MONTH—DAY—YEAR --	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) --		37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENT HOME IN 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) --		41. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH --	
STATE REGISTRAR		A.		B.	
C.		D.		E.	
F.		G.		H.	

RECEIVED AUG 29 1975

4:30 pm



STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record ~~XXXXXX~~

this 29th day of AUGUST A.D., 1975, at 4:30 o'clock P.M., and duly recorded in

Vol. N. 75 of DEEDS on Page 10210

FEE \$ 3.00

By *Wm. D. Milne* County Clerk
Hazel Unazil Deputy