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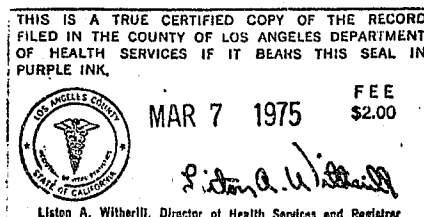
CERTIFICATE OF DEATH

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

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED—FIRST NAME	2. MIDDLE NAME	3. LAST NAME	4. DATE OF DEATH—MONTH DAY YEAR
Robert	Esmond	Harper	March 5, 1975
5. SEX	6. COLOR OR RACE	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	8. DATE OF BIRTH
Male	Cauc	California	May 26, 1924
9. NAME AND BIRTHPLACE OF FATHER		10. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
Esmond Thomas Harper-Penna.		Marie Waterman - Montana	
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME)
U.S.A.	548-26-9941	Married	Mary Mallicoat
15. LAST OCCUPATION	16. NUMBER OF YEARS IN THIS OCCUPATION	17. NAME OF LAST EMPLOYING COMPANY OR FIRM	18. KIND OF INDUSTRY OR BUSINESS
Deputy Sheriff	20 yrs	Los Angeles County	Law Enforcement
19. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		20. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	
Memorial Hosp. Medical Center		2801 Atlantic Ave	
21. CITY OR TOWN		22. COUNTY	
Long Beach		Los Angeles	
23. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER, OR LOCATION)		24. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
5135 Carita Street		yes	
25. CITY OR TOWN		26. STATE	
Long Beach		California	
27. NAME AND MAILING ADDRESS OF INFORMANT		28. DATE SIGNED	
Mary J. Harper		March 5, 1975	
5135 Carita Street		A-21260	
Long Beach, California		#5229	
29. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I HAVE FILED THE RETURN OF DECEASED AS REQUIRED BY LAW.		30. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I HAVE FILED THE RETURN OF DECEASED AS REQUIRED BY LAW.	
August 19, 1969		March 4, 1975	
21. AUTHORITY: 2865 Hillside Ave, Long Beach, Calif.		22. AUTHORITY: David G. Rice	
23. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		24. NAME OF CEMETERY OR CREMATORY	
Luyben Family Mortuary		Long Beach, Calif.	
Long Beach, California		NO	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. NAME OF CEMETERY OR CREMATORY	
Luyben Family Mortuary		Long Beach, Calif.	
Long Beach, California		NO	
27. PART I. DEATH WAS CAUSED BY:		28. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.	
(A) IMMEDIATE CAUSE		Chronic passive congestion of liver with ascites	
(B) DUE TO, OR AS A CONSEQUENCE OF		1 year	
(C) DUE TO, OR AS A CONSEQUENCE OF		5 years	
31. WAS OPERATION OR SURGERY PERFORMED FOR ANY CONDITION IN THIS OR ANY PREVIOUS OPERATION AND/OR SURGERY?		32. AUTHORITY: YES OR NO	
No		No	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, PARK, FACTORY, OFFICE BUILDING, ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)		36. DATE OF INJURY—MONTH DAY YEAR	
37. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		38. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19)	
39. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		40. WERE LABORATORY TESTS DONE FOR ALL OTHERS (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 38)			
STATE REGISTRAR			
A. B. C. D. E. F. 7-1-			

VS 11-10-73

Sheila Pokras
4311-Cash Carson St.
Long Beach Calif.
90808



STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of SHEILA POKRAS

this 20th day of OCTOBER A. D., 1975 at 12:51 o'clock P.M., and duly recorded in

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FEE \$ 3.00

WM. D. MILNE, County Clerk
By Hazel Drazie Deputy