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CERTIFICATE OF DEATH

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER 3397 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2503

DECEDENT PERSONAL DATA

1a NAME OF DECEASED — FIRST NAME: Louis
1b MIDDLE NAME: Francis
1c LAST NAME: THOMAS
2a DATE OF DEATH — MONTH DAY YEAR: June 26, 1973
2b HOUR: 9:30 A. M
3 SEX: Male
4 COLOR OR RACE: Cauc.
5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
6 DATE OF BIRTH: June 10, 1900
7 AGE (LAST BIRTHDAY): 73 YEARS
8 NAME AND BIRTHPLACE OF FATHER: Charles Thomas - Unknown
9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Augusta Nagle - Germany
10 CITIZEN OF WHAT COUNTRY: USA
11 SOCIAL SECURITY NUMBER: 560 38 4075
12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Rosalind Rogers
14 LAST OCCUPATION: Chief Gunners Mate
15 KIND OF BUSINESS OR INDUSTRY: 26
16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): U.S.Navy
17 KIND OF INDUSTRY OR BUSINESS: Military defense

PLACE OF DEATH

18a PLACE OF DEATH — NAME OF HOSPITAL OR OTHER INPATIENT FACILITY: in own home
18b STREET ADDRESS — (STREET AND NUMBER OR LOCATION): 693 W. Wilson
18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d CITY OR TOWN: Banning
18e COUNTY: Riverside
18f LENGTH OF STAY IN COUNTY OF DEATH: 14 YEARS
18g LENGTH OF STAY IN CALIFORNIA: 29 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19a USUAL RESIDENCE — STREET ADDRESS (STREET AND NUMBER OR LOCATION): 693 W. Wilson
19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19c CITY OR TOWN: Banning
19d COUNTY: Riverside
19e STATE: California
20 NAME AND MAILING ADDRESS OF INFORMANT: Rosalind Thomas, 693 W. Wilson St.(P.O.Box 482), Banning, Calif. 92220

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 ATTENDED THE DECEDENT: INVESTIGATION
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 DECEDENT: SINCE (MONTH DAY YEAR) -; TO (MONTH DAY YEAR) -; AND LAST SAW ALIVE (MONTH DAY YEAR) -
21c PHYSICIAN OR CORONER — SIGNATURE AND OFFICE OR TITLE: JAMES S. CURP, JR. CORONER By [signature] 2ND DEPUTY
21d DATE SIGNED: 6/26/73
21e ADDRESS: Hemet-Ri. Co.
21f. STATE BOARD OF CHIROPRACTIC EXAMINERS LICENSE NUMBER: ---

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a SPECIFY BURIAL, INTOMBMENT OR CREMATION: Cremation
22b DATE: 6/29/73
23 NAME OF CEMETERY OR CREMATORY: Montecito Mem.Park, San Bernardino, Calif.
24 EMBALMER — SIGNATURE AND NUMBER (IF UNNUMBERED, LICENSE NUMBER): John B. Rutherford 6141
25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Wiofels & Son Banning
26 IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO): -
27 LOCAL REGISTRAR — SIGNATURE: [signature]
28 DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JUN 29 1973

MEDICAL AND HEALTH DATA

CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

29 PART I. DEATH WAS CAUSED BY — CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
IMMEDIATE CAUSE (A) Acute myocardial infarct
DUE TO OR AS A CONSEQUENCE OF (B) Arteio-sclerotic heart disease
DUE TO OR AS A CONSEQUENCE OF (C) F. Rae Mudgline M.D. 2000 26 VI 73
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30 PART II. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
31 WAS OPERATION UNDERTAKEN FOR ANY CONDITION IN PART I OR 30? (SPECIFY YES OR NO): NO
32a AUTOPSY (SPECIFY YES OR NO): YES
32b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): YES

INJURY INFORMATION

33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34 PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; HIGHWAY, HIGHWAY, STREET)
35 INJURY AT WORK (SPECIFY YES OR NO)
36a DATE OF INJURY — MONTH DAY YEAR
36b HOUR
37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19)
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 38)

STATE REGISTRAR

A | B | C | D | E | F 44100

REV. 1-1-68 Form VS-11

Pub. Warranty Deed 3 pgs $3.00

This is to certify, when stamped with the seal of the Riverside County Recorder, that this is a true copy of the permanent record on file in this office.

Date AUG 1 1974

W. D. Wadleigh
Recorder
RIVERSIDE COUNTY, CALIF.

RECORDER OF RIVERSIDE COUNTY CALIFORNIA

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of WAYNE WILDER

this 9th day of DECEMBER A. D., 19 75 at 3:03 o'clock P M., and duly recorded in Vol. M 75, of DEEDS on Page 15488

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy