15084 **CERTIFICATE OF DEATH** Vol. M76 Page 8980

STATE FILE NUMBER

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

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

135

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: May	1b. MIDDLE NAME: Madora	1c. LAST NAME: Schneider	2a. DATE OF DEATH—MONTH, DAY, YEAR: April 23, 1976	2b. HOUR: 10:00 A.M.
3. SEX: Fem.	4. COLOR OR RACE: Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa	6. DATE OF BIRTH: May 20 1892	7. AGE (LAST BIRTHDAY): 83 YEARS; IF UNDER 1 YEAR; IF UNDER 24 HOURS
8. NAME AND BIRTHPLACE OF FATHER: Jacob Shelser - Wisconsin		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mattie Worden - Wisconsin		
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 482-10-6818	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ralph Schneider	
14. LAST OCCUPATION: Seamstress	15. NUMBER OF YEARS IN THIS OCCUPATION: 5	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): J. C. Penney Co.	17. KIND OF INDUSTRY OR BUSINESS: Retail Clothing	

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: West Covina Hospital	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 725 South Orange Avenue	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes	
18d. CITY OR TOWN: West Covina	18e. COUNTY: Los Angeles	18f. LENGTH OF STAY IN COUNTY OF DEATH: 23 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 23 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1312 Marquerita St.		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Gordon R. Schneider, 1314 E. Dexter St., Covina, California 91724
19c. CITY OR TOWN: West Covina	19d. COUNTY: Los Angeles	19e. STATE: 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 AN INQUEST OR INVESTIGATION ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (INVESTIGATION OR INQUEST)

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 2-26-76 TO 4-23-76 AND LAST SAW ALIVE 4-23-76

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: George Sandine [signature] — 21d. DATE SIGNED: 4/23/76

21e. ADDRESS: 800 W. Badillo Covina — 21f. PHYSICIAN'S LICENSE NUMBER: 6728

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 4-26-76	23. NAME OF CEMETERY OR CREMATORY: Oakdale Memorial Park	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) / LICENSE NUMBER: Ernest M Mitchell 3916
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Oakdale Mortuary	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No	27. LOCAL REGISTRAR—SIGNATURE: Liston A. Witherill	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: APR 26 1976

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Massive CVA	1 day
DUE TO, OR AS A CONSEQUENCE OF (B)	Lateral Arterio sclerosis	1 year
DUE TO, OR AS A CONSEQUENCE OF (C)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: NONE

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): NO — 32a. AUTOPSY (SPECIFY YES OR NO): NO — 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE — 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.) — 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 FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) 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)

2

STATE REGISTRAR A. B. C. D. E. F.

VS 11 (9-73)

Ret: Trans

'76 JUN 17 AM 10 55

STATE OF OREGON,
County of Klamath

Filed for record at request of
TRANSAMERICA TITLE INS. CO
on this 17th day of June A.D. 1976
at 10;55 o'clock A M. and duly
recorded in Vol. M 76 of DEEDS
Page 8980

Wm D. MILNE, County Clerk
By [signature] Deputy
Fee $ 3.00

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.

APR 26 1976

FEE $2.00

Liston A. Witherill, Director of Health Services and Registrar