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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: 3000 04613

| 1a. NAME OF DECEASED—FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME | 2a. DATE OF DEATH—MONTH, DAY, YEAR | 2b. HOUR |
|---|---|---|---|---|
| Alfred | - | Pfankuch | June 10, 1976 | 7:40 a M |

| 3. SEX | 4. COLOR OR RACE | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 6. DATE OF BIRTH | 7. AGE (LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HOURS |
|---|---|---|---|---|---|---|
| Male | Caucasian | Michigan | June 11, 1913 | 62 YEARS | | |

| 8. NAME AND BIRTHPLACE OF FATHER | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER |
|---|---|
| Fidelious Pfankuch Michigan | Carolyn Petersen Michigan |

| 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. | 396-05-7134 | Married | Myrtle Crooks |

| 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 |
|---|---|---|---|
| Machinist | 37 | Robert Shaw Fulton Controls | Heating Control |

| 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY | 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) |
|---|---|---|
| West Anaheim Community Hospital | 3033 W. Orange Avenue | yes |

| 18d. CITY OR TOWN | 18e. COUNTY | 18f. LENGTH OF STAY IN COUNTY OF DEATH | 18g. LENGTH OF STAY IN CALIFORNIA |
|---|---|---|---|
| Anaheim | Orange | 3 Weeks YEARS | 15 YEARS |

| 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 |
|---|---|---|
| 7218 Fillmore Drive | yes | Mrs. Ione D. Fluent, daughter<br>7218 Fillmore Drive<br>Buena Park, California |

| 19c. CITY OR TOWN | 19d. COUNTY | 19e. STATE |
|---|---|---|
| Buena Park | Orange | California |

| 21a. CORONER: I HEREBY CERTIFY THAT I DIED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR THE REMAINS OF DECEASED AS REQUIRED BY LAW AN ____ (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 (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR) | 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE | 21d. DATE SIGNED |
|---|---|---|---|
| | 5/10/76 6-9-76 6-9-76 | Donald A. Harman | 6-10-76 |

| 21e. ADDRESS | 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER |
|---|---|
| 515 Brachett, Anaheim | G12740 |

| 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION | 22b. DATE | 23. NAME OF CEMETERY OR CREMATORY | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER |
|---|---|---|---|
| Burial | 6/14/76 | FOREST LAWN MEMORIAL PARK Cypress, California | Robert James Howell 6422 |

| 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 26. DID NOT CERTIFIER BY CORONER (WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) | 27. LOCAL REGISTRAR—SIGNATURE | 28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR |
|---|---|---|---|
| Forest Lawn, Cypress, Calif. | no | Paul R. Engle M.D. | JUN 14 1976 |

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) Pneumonia | 7 days |
| DUE TO, OR AS A CONSEQUENCE OF | (B) | |
| 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 ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) | 32a. AUTOPSY (SPECIFY YES OR NO) | 32b. IF YES, ARE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) |
|---|---|---|---|
| Carcinoma, metastatic | no | yes | yes |

| 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, 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)

| A. | B. | C. | D. | E. | F. |
|---|---|---|---|---|---|
| | | | | | |

Fee: $2.00 ☑ No Fee Government Purposes ☐
Date: JUN 1 0 1976
Santa Ana, California

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

PAUL R. ENGLE, M.D.
ACTING

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of June A.D., 19 76 at 10:56 o'clock A M., and duly recorded in Vol ____ M.,76 of DEEDS on Page 9893.

FEE $ 3.00

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