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MTC 1396

27312

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77 MAR 29 AM 9 38

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

State File Number:

Local Registration District and Certificate Number: 3397 713

DECEDENT PERSONAL DATA

1a. Name of Deceased—First Name: Harry
1b. Middle Name: Leon
1c. Last Name: Coggins
2a. Date of Death—Month, Day, Year: Feb. 15, 1975
2b. Hour: 11:45A
3. Sex: Male
4. Color or Race: Cauc.
5. Birthplace (State or Foreign Country): North Carolina
6. Date of Birth: March 19, 1914
7. Age (Last Birthday): 60 Years
8. Name and Birthplace of Father: Ely Coggins - North Carolina
9. Maiden Name and Birthplace of Mother: Lennie Brown - North Carolina
10. Citizen of What Country: U.S.A.
11. Social Security Number: 242-10-0753
12. Married, Never Married, Widowed, Divorced (Specify): Married
13. Name of Surviving Spouse (If Wife, Enter Maiden Name): Nellie H. Grant
14. Last Occupation: Painter Traffic Control
15. Number of Years in This Occupation: 18
16. Name of Last Employing Company or Firm: City of Corona
17. Kind of Industry or Business: Municipal Government

PLACE OF DEATH

18a. Place of Death—Name of Hospital or Other In-Patient Facility: Corona Community Hospital
18b. Street Address: 812 S. Washburn
18c. Inside City Corporate Limits (Specify Yes or No): Yes
18d. City or Town: Corona
18e. County: Riverside
18f. Length of Stay in County of Death: 27 Years
18g. Length of Stay in California: 27 Years

USUAL RESIDENCE (If death occurred in institution, enter residence before admission)

19a. Usual Residence—Street Address: 4044 Neece Street
19b. Inside City Corporate Limits (Specify Yes or No): No
19c. City or Town: Corona
19d. County: Riverside
19e. State: California
20. Name and Mailing Address of Informant: Doris Foster, 92000 Bloomfield, Cypress, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. Physician: 1/22/75 2/15/75 2/17/75
21c. Physician or Coroner—Signature and Degree or Title: L. Chartier, M.D.
21d. Date Signed: 2/17/75
21e. Address: 760 Washburn, Corona, Calif.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Specify Burial, Entombment or Cremation: BURIAL
22b. Date: 2-19-75
23. Name of Cemetery or Crematory: Crestlawn Mem. Park
24. Embalmer—Signature; License Number: 3513
25. Name of Funeral Director (or Person Acting as Such): Grimes Funeral Home
26. If Not Certified by Coroner, Was This Death Reported to Coroner? (Specify Yes or No): No
27. Local Registrar—Signature: Allyn J. Bridge MD
28. Date Accepted for Registration by Local Registrar: FEB 20 1975

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)
Immediate Cause (A): Cardiac arrhythmia — Approximate interval between onset and death: hours
Due to, or as a consequence of (B): ASHD & Prev. myocardial infarction — years
Due to, or as a consequence of (C): Cong. heart failure due to ASHD
Part II. Other significant conditions:
31. Was operation or biopsy performed? No

INJURY INFORMATION

33. Specify Accident, Suicide or Homicide:
34. Place of Injury:
35. Injury at Work:
36a. Date of Injury:
36b. Hour:
37a. Place of Injury:
40. Describe How Injury Occurred:

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

Return:
Dee E. Foster
16350 Harbor Blvd.
Santa Ana, Calif.
92704

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 MAR 10 1977

W. D. Balogh
Recorder
RIVERSIDE COUNTY, CALIF.

RECORDER OF RIVERSIDE COUNTY ★ CALIFORNIA ★

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of March A.D., 19 77 at 9:38 o'clock A.M., and duly recorded in Vol M 77, of DEEDS on Page 5184.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

FEE $ 3.00