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CERTIFICATE OF DEATH

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STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 7

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
NOEL	AVON	ROOF	OCT 10 72	2:35 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
M	CAUC.	SOUTH DAKOTA	11-25-19	52 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Avon S. Roof Illinois	Rena Harding Illinois

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.	546-22-0514	Married	Rita Szymanski

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
Supervisor	5	So.Cal Commerical	Warehousing

PLACE OF DEATH

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)
ST FRANCIS Hospital	3630 Imperial Hwy	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Lynwood	Los Angelee	44 YEARS	44 YEARS

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

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
10859 Little Lake Road	Yes	Rita V. Roof Wife

19c. CITY OR TOWN	19d. COUNTY	19e. STATE	
Downey	Los Angeles	California	Same

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 OR THE REMAINS OF DECEASED ARE RELEASED BY LAW AS (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 (MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND LAST SAW THE DECEASED ALIVE (ENTER MONTH, DAY, YEAR)
8-26-71	OCT 10 72	OCT 9 72

21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE): W K Fowler M.D. — 21d. DATE SIGNED: Oct 10 72

21e. ADDRESS: 663 E. CENTURY LYNWOOD, CAL — 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A22212

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	Oct. 12, 1972	Rose Hills Memorial Park	Ronald B. Byers #482

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Rose Hills Mortuary	No	[signature]	OCT 12 1972

CAUSE OF DEATH 9

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)	Thalamus (Lt Cerebral Hemisphere) Glioma	2 yrs
CONDITIONS: IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. 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: Hypostatic (Bronchial) Pneumonia

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

INJURY INFORMATION

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)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

REV. 1-1-68 Form VS-11

Rev. Rita V. Roof
10859 Little Lake Rd
Downey Calif 90241

LOS ANGELES COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the original certificate on file in this office.

OCT 12 1972

R. A. Goldbeck, M.D., M.P.H.
Health Officer and Registrar [signature]

STATE OF OREGON,
County of Klamath
Filed for record at request of

on this 2nd day of AUGUST A.D. 19 77
at 10:01 o'clock A.M. and duly
recorded in Vol. M77 of DEEDS
page 13779

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