'77 AUG 24 AM 10:01

Vol 77 Page 1556

203 | 299

34593

STATE FILE NUMBER

CERTIFICATE OF DEATH

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

3000 09707

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

- 1a. NAME OF DECEASED—FIRST NAME: Kenneth
- 1b. MIDDLE NAME: Nestle
- 1c. LAST NAME: Ottinger
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: December 15, 1976
- 2b. HOUR: 4:50 P.M.
- 3. SEX: Male
- 4. COLOR OR RACE: Caucasian
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
- 6. DATE OF BIRTH: March 15, 1920
- 7. AGE (LAST BIRTHDAY): 56 YEARS
- 8. NAME AND BIRTHPLACE OF FATHER: Jacob Ottinger - Germany
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Clara Klug - Illinois
- 10. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11. SOCIAL SECURITY NUMBER: 489-09-4547
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Antonette W. Ries
- 14. LAST OCCUPATION: Credit Manager
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 20
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): L. A. Chemical Co.
- 17. KIND OF INDUSTRY OR BUSINESS: Manufacturer - Chemicals

PLACE OF DEATH

- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Martin Luther Hospital Medical Center
- 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1830 West Romneya Drive
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: Anaheim
- 18e. COUNTY: Orange
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 4 YEARS
- 18g. LENGTH OF STAY IN CALIFORNIA: 20 YEARS

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

- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 300 No. Rampart St. - Sp. #68
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: Orange
- 19d. COUNTY: Orange
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Antonette W. Ottinger-Wife, 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 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 2/15/76 TO 12/15/76 AND LAST SAW HIM ALIVE 12/15/76
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: [signature] MD
- 21d. DATE SIGNED: 12-16-76
- 21e. ADDRESS: 1771 W Romneya Anaheim
- 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G10006

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: Dec. 20, 1976
- 23. NAME OF CEMETERY OR CREMATORY: Rose Hills Memorial Park, Whittier, California
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED); LICENSE NUMBER: Albert E. Fietze 4450
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary
- 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No
- 27. LOCAL REGISTRAR—SIGNATURE: [signature] Jr.
- 28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: DEC 20 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
  - IMMEDIATE CAUSE (A): Cardiac Arrhythmia (Ventricular Fibrillation) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Acute
  - CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerotic Heart Disease — Years
  - 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(A):
- 31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? SPECIFY: NO
- 32a. AUTOPSY (SPECIFY YES OR NO): NO
- 32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

INJURY INFORMATION

- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
- 34. PLACE OF INJURY:
- 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:
- 38.
- 39.
- 40. DESCRIBE HOW INJURY OCCURRED:

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

15565

Ret to Grantee & Sickman

I HEREBY CERTIFY THAT IF AFFIXED WITH THE SEAL OF ORANGE COUNTY RECORDER, THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED OR RECORDED IN THIS OFFICE

DATE 1/18/77 FEE 2.-

COUNTY RECORDER

J. Kylie Carlyle

ORANGE COUNTY, STATE OF CALIFORNIA

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of AUGUST A.D., 19 77 at 10;01 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 15564.

FEE $ 6.00

WM. D. MILNE, County Clerk

By Hazel Drazel Deputy