41791 '78 JAN 16 PM 12 21 Vol. M78 Page 950

CERTIFICATE OF DEATH

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

STATE FILE NUMBER

3000 04106
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME: WILLIAM	1b. MIDDLE NAME: OWEN	1c. LAST NAME: KEITH	2a. DATE OF DEATH—MONTH, DAY, YEAR: 5-26-77	2b. EST. 4:00 p.m.
3. SEX: MALE	4. COLOR OR RACE: CAUC.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): INDIANA	6. DATE OF BIRTH: JUNE 10, 1917	7. AGE (LAST BIRTHDAY): 59 YEARS; IF UNDER 1 YEAR; IF UNDER 24 HOURS
8. NAME AND BIRTHPLACE OF FATHER: SALEM KEITH, KENTUCKY			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: ANNA JENKINS, KENTUCKY	
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 304-09-8425	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): MARIAN E. WEEKS	
14. LAST OCCUPATION: VISOR SECURITY SUPER-	15. NUMBER OF YEARS IN THIS OCCUPATION: 8	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): PHILCO FORD	17. KIND OF INDUSTRY OR BUSINESS: AERO SPACE	
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY:		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1640 Newport		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18d. CITY OR TOWN: Costa Mesa		18e. COUNTY: Orange	18f. LENGTH OF STAY IN COUNTY OF DEATH: 12 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 19 YEARS
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1640 NEWPORT BLVD.		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES	20. NAME AND MAILING ADDRESS OF INFORMANT: MRS. MARIAN E. KEITH 1640 NEWPORT BLVD. COSTA MESA, CA.92627	
19c. CITY OR TOWN: COSTA MESA	19d. COUNTY: ORANGE	19e. STATE: CALIFORNIA		
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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW: Investigation (INVESTIGATION & 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 ENTER MONTH, DAY, YEAR)		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: BRAD GATES, SHERIFF-CORONER BY R. M. Slaughter DEPUTY; ADDRESS: OVER STREET SANTA ANA, CALIF. 92702 77-2069Cr	21d. DATE SIGNED: 5-29-77; 21f. CERTIFICATE OR PERMIT NUMBER
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: BURIAL	22b. DATE: REMOVAL 6-1-1977	23. NAME OF CEMETERY OR CREMATORY: KUSHVILLE, EAST HILL CEMETERY, IND.	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Lee A. Hills 6585	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): COSTA BELL BROADWAY MORTUARY, MESA	26. IF NOT CERTIFIED BY CORONER, ARE THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO):	27. LOCAL REGISTRAR—SIGNATURE:	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: MAY 31 1977	

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.

IMMEDIATE CAUSE
(A) Thrombosis, right and left coronary arteries
DUE TO, OR AS A CONSEQUENCE OF
(B) Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1a

31. WAS OPERATION ON BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? OPERATION AND/OR BIOPSY: no	32a. AUTOPSY (SPECIFY YES OR NO): yes	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): 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	
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 28).

A.	B.	C.	D.	E.	F.
Return to Marion E. Keith, 1422 Edgewood Dr. Amelia Ohio 45102					

Fee: $2.00 ☑ No Fee Government Purposes ☐
Date: JUN 1 1977
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.

J. R. EUERS, M.D.
Registrar of Births and Deaths of Orange County
Health Officer and Local Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of January A.D., 19 78 at 12:21 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 950.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha G. Letsch Deputy