CERTIFICATE OF DEATH

STATE FILE NUMBER 44667

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

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
VIRGIL	HOWARD	DEHNE	Oct. 14, 1976	5:37 P.

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	Cauc.	Missouri	August 15, 1915	61 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Edward Dehne, Missouri	Nora Boston, Unk.

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.	498-07-2903	Divorced	

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
Machinest	6 Yrs.	Harrison Manufactoring	Machine Shop

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)
	7949 Vantage	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
North Hollywood	Los Angeles	41 YEARS	41 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
7949 Vantage	Yes	Theresa Huntsman 10106 Kester Sepulveda, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
No. Hollywood	Los Angeles	California

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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)	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)	21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE)	21d. DATE SIGNED
INVESTIGATION (INVESTIGATION OR INQUEST)	FROM (ENTER MONTH DAY YEAR) TO (ENTER MONTH DAY YEAR) AND (LAST SAW THE DECEASED ALIVE ON) (ENTER MONTH DAY YEAR)	THOMAS T. NOGUCHI M.D. CORONER DEPUTY	10-15-76
		21e. ADDRESS 1104 N. MISSION RD. LOS ANGELES, CALIFORNIA	21f. LICENSE NUMBER (IF PHYSICIAN)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF STATE LICENSED—LICENSE NUMBER)
Cremation	10/18/76	Rosedale Cemetery	William R. Mitchell #6556

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 RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Steen Chapel-Meyer & Mitchell Funeral Home		Listen A. Witchell	OCT 18 1976

CAUSE OF DEATH (MEDICAL AND HEALTH DATA)

29. PART I. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE	(A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
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: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, DIABETES MELITUS

31. WAS OPERATION OF ANY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY) OPERATION AND/OR DISEASE	32a. AUTOPSY (YES OR NO)	32b. WERE FINDINGS OBTAINED BY AUTOPSY AVAILABLE PRIOR TO COMPLETION OF DEATH CERTIFICATE? (SPECIFY YES OR NO)
	NO	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FIRE-WAY, HIGHWAY, STREET, 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 (IN MILES)	38. WERE TOXICOLOGY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)	39. WERE TOXICOLOGY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
		NO	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

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEE $2.00

OCT 18 1976

Listen A. Witchell

Listen A. Witchell, Director of Health Services and Registrar

Record and return to:
Elma D. Heiss
16245 Lakewood Blvd #29
Bellflower, California 90706

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of March A.D., 19 78 at 1:40 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 4929.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernadine D. Filsch Deputy