

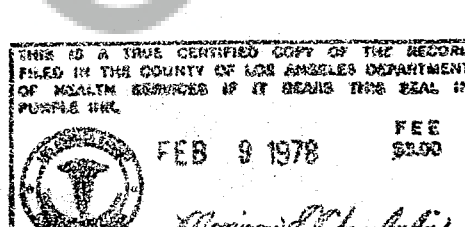
52359

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. 78 Page 16274

STATE FILE NUMBER		1A. NAME OF DECEASED—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Lloyd				Rogers		2A. DATE OF DEATH (MONTH, DAY, YEAR)			
5. SEX		4. RACE		3. ETHNICITY		6. DATE OF BIRTH		7. AGE		12B. HOUR	
Male		White		American		August 2, 1902		75		0215	
8. BIRTHPLACE OF DECEASED (STATE OR FOREIGN COUNTRY)		11. CITY OF BIRTH COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME)		15. KIND OF INDUSTRY OR BUSINESS	
Indiana		Julian Rogers - Unknown		565 36 2380		Married		Zerelda Green		Aircraft	
15. PRESENT OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYED BY (NAME AND ADDRESS, IF KNOWN)		18. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		19. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME)		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Retired Electrician		10		McDonnell - Douglas		Zerelda Rogers - Wife		7905 Adams		Paramount, California	
21A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR BOXING)		21B. CITY OR TOWN		21C. COUNTY		21D. STATE		21E. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21F. COUNTY	
7905 Adams		Paramount		Los Angeles		Calif.		5901 East 7th Street		Los Angeles	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS DISPOST PERFORMED?		26. WAS AUTOPSY PERFORMED?			
IMMEDIATE CAUSE		Possible pneumonia.		No		Yes		No			
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Carcinomatosis.		(B) Bronchogenic carcinoma.		(C)					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. DATE SIGNED		29. PHYSICIAN'S LICENSE NUMBER		30. DATE OF INJURY—MONTH, DAY, YEAR		31. HOUR			
No		2/6/78		A-31182		2/6/78		90822			
32. PHYSICIAN'S SIGNATURE AND ADDRESS		33. CORONER'S SIGNATURE AND ADDRESS OR TITLE		34. DATE TIMED		35. CORONER'S SIGNATURE AND ADDRESS OR TITLE		36. DATE TIMED			
J. E. Laurente M.D. 5901 East 7th Street, Long Beach, California 90822		Monica E. Chamberlain									
37. DISPOSITION		38. DATE—MONTH, DAY, YEAR		39. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM		40. EMPLOYER'S LICENSE NUMBER		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Burial		2/8/78		Forest Lawn Memorial Park - Cypress		6146		Monica E. Chamberlain		FEB 7 1978	
43. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		44. LOCAL REGISTRAR—SIGNATURE		45. LOCAL REGISTRAR—SIGNATURE		46. LOCAL REGISTRAR—SIGNATURE		47. LOCAL REGISTRAR—SIGNATURE		48. LOCAL REGISTRAR—SIGNATURE	
Paramount Mortuary		Monica E. Chamberlain		Monica E. Chamberlain		Monica E. Chamberlain		Monica E. Chamberlain		Monica E. Chamberlain	



I hereby certify that the within instrument was received and filed for record on the 25th day of July A.D., 19 78 at 11:58 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 16274.

FEE \$3.00

WM. D. MILNE, County Clerk

By Monica E. Chamberlain Deputy