

62553

CERTIFICATE OF DEATH

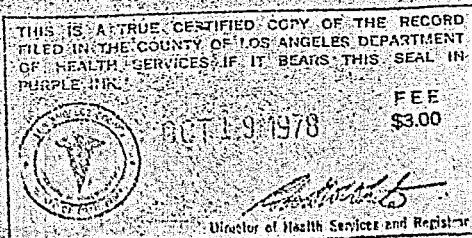
STATE OF CALIFORNIA

Vol. 79 Page 3534

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST EDWARD		1B. MIDDLE THOMAS		1C. LAST WILBORN		2A. DATE OF DEATH (MONTH, DAY, YEAR) 10-17-1978		2B. HOUR 0120	
	3. SEX Male	4. RACE Negro		5. ETHNICITY		6. DATE OF BIRTH 5-23-1920		7. AGE 58 YEARS	11. UNDER 1 YEAR MONTHS DAYS	12. UNDER 24 HOURS HOURS MINUTES
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Pennsylvania		9. NAME AND BIRTHPLACE OF FATHER John Wilborn North Carolina		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lottie Hopper North Carolina		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Dorothy Carpenter			
	11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 206-09-3888		13. MARITAL STATUS Married		18. KIND OF INDUSTRY OR BUSINESS Government			
	15. PRIMARY OCCUPATION Special Del. Clerk		16. NUMBER OF YEARS THIS OCCUPATION 24		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) U. S. Postal Service					
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1502 W. 130th Street					19B.		19C. CITY OR TOWN Compton		
	19D. COUNTY Los Angeles		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Dorothy Wilborn, Wife 1502 W. 130th Street Compton, California 90222					
PLACE OF DEATH	21A. PLACE OF DEATH David Brotman Memorial Hospital		21B. COUNTY Los Angeles							
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3828 Delmas Terrace		21D. CITY OR TOWN Culver City							
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST					3 hr		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER NO	
	(A) Aspiration pneumonia (B) tracheo-esophageal fistula (C) Carcinoma of lung					3 hrs			25. WAS BICEST PERFORMED NO	
PHYSICIAN'S CERTIFICATION	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH N/A					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO		26. WAS AUTOPSY PERFORMED? Yes		
	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.) 5/11/78		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Stephen B. Strum M.D.		28C. DATE SIGNED 10/18/78		28D. PHYSICIAN'S LICENSE NUMBER 622084		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Stephen B. Strum M.D. 9201 Sunset Blvd. LA 90067	
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
	33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
CORONER'S USE ONLY	36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR 10-21-1978		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Forest Lawn Cemetery, Hollywood Hills, CA.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Willie Saleno 5677		42. DATE ACCEPTED BY LOCAL REGISTRAR OCT 18 1978	
	40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) ANGELUS FUNERAL HOME		41. LOCAL REGISTRAR'S SIGNATURE Robert White		42. DATE ACCEPTED BY LOCAL REGISTRAR OK		43. DATE ACCEPTED BY LOCAL REGISTRAR OCT 18 1978		44. DATE ACCEPTED BY LOCAL REGISTRAR OCT 18 1978	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of February A.D., 19 79 at 4:30 o'clock P M., and duly recorded in Vol M79 of Deeds on Page 3534.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernice A. Petch Deputy

RECEIVED 4:30 PM

FEB 13 1979

Return to

D. Wilborn
1502 W-130th St
Compton, Ca 90222

ck 300

04-2-5-0110