63225

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M79 Page 4565

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Fred
1B. MIDDLE: -
1C. LAST: Halcomb
2A. DATE OF DEATH (MONTH, DAY, YEAR): December 27, 1978
2B. HOUR: 1426
3. SEX: Male
4. RACE: White
5. ETHNICITY: -
6. DATE OF BIRTH: January 29, 1911
7. AGE: 67 YEARS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): KY
9. NAME AND BIRTHPLACE OF FATHER: Esquire Halcomb Kentucky
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Fannie Day Kentucky
11. CITIZEN OF WHAT COUNTRY: U.S.
12. SOCIAL SECURITY NUMBER: 410-64-2079
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Jeanne Jenkins
15. PRIMARY OCCUPATION: Lt. USN
16. NUMBER OF YEARS THIS OCCUPATION: 27 yrs
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): U.S. Navy
18. KIND OF INDUSTRY OR BUSINESS: Military

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11555 E. 216th. Street Apt 104
19B. -
19C. CITY OR TOWN: Lakewood
19D. COUNTY: Los Angeles
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Jeanne Halcomb Wife, 11555 East 216th Sts, Lakewood, California X

PLACE OF DEATH

21A. PLACE OF DEATH: Naval Regional Medical Center
21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 7500 E. Carson Street
21C. CITY OR TOWN: Long Beach
21D. COUNTY: Los Angeles

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Cardio Pulmonary Arrest
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B) Chronic obstructive Pulmonary Disease
DUE TO, OR AS A CONSEQUENCE OF (C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? No
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Ischemic heart disease
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION: NO DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 9-11-78
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 12-20-78
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [signature] LT MC USNR
28C. DATE SIGNED: 12-28-78
28D. PHYSICIAN'S LICENSE NUMBER: LT MC USNR
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: J. T. JAKES, M.D. NAVREGMEDCEN LONG BEACH, CA 90822

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 OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: Jan 2, 1979
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Riverside Nat'l Cemetery Riverside, Van Buren Blvd &High-15 E, California
39. EMBALMER'S LICENSE NUMBER: #4935
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Luyben Family Mortuary Long Beach, California
41. LOCAL REGISTRAR—SIGNATURE: [signature]
42. DATE ACCEPTED FOR REGISTRATION: DEC 28 1978

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

'79 MAR 1 PM 3 12

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.

JAN 3 1979

FEE $3.00

[signature]
Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of March A.D., 19 79 at 3:12 o'clock P M., and duly recorded in Vol M79 of Deeds on Page 4565.

FEE $3.00

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