63810

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 0190-006883

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: BASIL
1B. MIDDLE: MARVIN
1C. LAST: RAY
3. SEX: Male
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: October 11, 1911
2A. DATE OF DEATH (MONTH, DAY, YEAR): February 10, 1978
2B. HOUR: 0610
7. AGE: 66 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Illinois
9. NAME AND BIRTHPLACE OF FATHER: Robert Ray - Indiana
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Sadie Nottingham- Illinois
11. CITIZEN OF WHAT COUNTRY: United States
12. SOCIAL SECURITY NUMBER: 306 - 09 - 0740
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Kathleen Kiely
15. PRIMARY OCCUPATION: Expidator
16. NUMBER OF YEARS THIS OCCUPATION: 18
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Rocket Dyne
18. KIND OF INDUSTRY OR BUSINESS: Aero Space

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 18301 Delano Street
19B.
19C. CITY OR TOWN: Reseda
19D. COUNTY: Los Angeles
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: James R. Ray - Son, 7866 McNulty Avenue, Canoga Park, CA

PLACE OF DEATH

21A. PLACE OF DEATH: Medical Center of Tarzana
21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 18321 Clark Street
21C. CITY OR TOWN: Tarzana
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): MYOCARDIAL INFARCTION hrs
DUE TO, OR AS A CONSEQUENCE OF (B): ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF (C):
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: DISSECTING THORACIC ANEURYSM YES
24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE 2/9/78

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.): 2/9/78
I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 2/9/78
28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE: Niles D. Chapman MD
28C. DATE SIGNED: 2/10/78
28D. PHYSICIAN'S LICENSE NUMBER: C26170
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Niles D. Chapman 15248 Vanowen St. Van Nuys, California

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)

CORONER'S USE ONLY

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 2/13/78
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: San Fernando Mission Cemetery, 11160 Stranwood Ave., San Fernando, CA
39. EMBALMER'S LICENSE NUMBER: 3296
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): J. T. Oswald Mortuary Re.
41. LOCAL REGISTRAR—SIGNATURE: Morrison E. Chamberlin
42. DATE ACCEPTED BY LOCAL REGISTRAR: FEB 12 1978

STATE REGISTRAR

A.
B.
C.
D.
E.
F. 1-3-1

VS-11 (1-78)

Return to
K. M Kay
18301 Delano St
Reseda Ca
91335
1 3.00

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.

MAR 8 1978

FEE $3.00

Morrison E. Chamberlin, 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 12th day of March A.D., 19 79 at 9:09 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 5511.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha D. Belch Deputy