

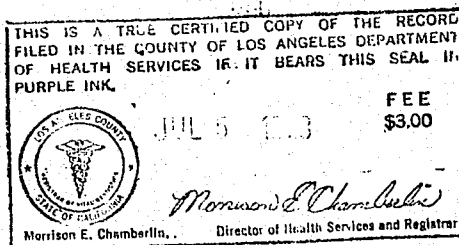
64770

MTC 1396  
**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA

Vol. 79 Page 6992

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST <b>Winifred</b>		1B. MIDDLE <b>Lucille</b>		1C. LAST <b>Emmich</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>July 1, 1978</b>	
3. SEX <b>Female</b>		4. RACE <b>White</b>		5. ETHNICITY <b>American</b>		2B. HOUR <b>0335</b>	
6. DATE OF BIRTH <b>October 21, 1917</b>		7. AGE <b>60</b>		8. IF UNDER 1 YEAR MONTHS DAYS		9. IF UNDER 24 HOURS HOURS MINUTES	
10. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Ohio</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Theodore Abel Hahn - Ohio</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Doris Marie Benedum - Ohio</b>			
11. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		12. SOCIAL SECURITY NUMBER <b>274-12-3814</b>		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Clifford J. Emmich, Sr.</b>	
15. PRIMARY OCCUPATION <b>Housewife</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>35</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self Employed</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Own Home</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1931 El Abolita Drive</b>				19B. CITY OR TOWN <b>Glendale</b>			
19C. CITY OR TOWN <b>Glendale</b>				19D. COUNTY <b>Los Angeles</b>		19E. STATE <b>California</b>	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Clifford J. Emmich, Sr. Husband</b>				21. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1812 Verdugo Boulevard</b>			
21A. PLACE OF DEATH <b>Verdugo Hills Hospital</b>				21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1812 Verdugo Boulevard</b>			
21C. CITY OR TOWN <b>Glendale</b>				21D. COUNTY <b>Los Angeles</b>			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Metastatic Endometrial Carcinoma</b> <b>9 months</b> DUE TO, OR AS A CONSEQUENCE OF (B) _____ DUE TO, OR AS A CONSEQUENCE OF (C) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST				24. WAS DEATH REPORTED TO CORONER? <b>No</b>		25. WAS BIOPSY PERFORMED? <b>No</b>	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>Bilateral Suppurative Parotitis</b>				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <b>Yes - LAPAROTOMY</b>		28. DATE <b>1977</b>	
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.) <b>6/26/78</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>John C. Gunnell, MD.</b>		28C. DATE SIGNED <b>7/3/78</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>G17573</b>	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>John Gunnell, MD 540 North Central Avenue, Glendale, California</b>		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. CORONER—SIGNATURE AND DEGREE OR TITLE		35. DATE	
36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>July 3, 1978</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Grand View Memorial Park, 1341 Glenwood Road, Glendale, California 91201</b>		39. EMBALMER'S LICENSE NUMBER <b>None</b>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Eckerman-Heisman Funeral Service</b>		41. LOCAL REGISTRAR—SIGNATURE <b>Morrison E. Chamberlain</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUL 3 1978</b>		43. FEE <b>101-8-1-0818</b>	

VS-11 (1-79)



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of March, A.D., 1979 at 10:28 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 6992.

FEE \$3.00

WM. D. MILNE, County Clerk  
 By Lemerdas Schuch Deputy

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