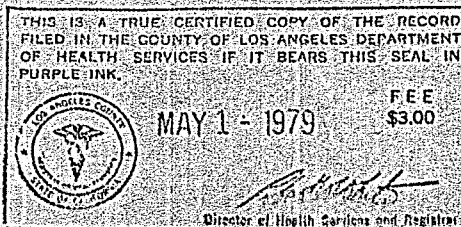


76289

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

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1A. NAME OF DECEDENT—FIRST <b>GIDEON</b>		1B. MIDDLE <b>Harold</b>		1C. LAST <b>CARLSON</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>April 27, 1979</b>		2B. HOUR <b>0849</b>	
3. SEX <b>Male</b>		4. RACE <b>White</b>		5. ETHNICITY <b>American</b>		6. DATE OF BIRTH <b>September 23, 1914</b>		7. AGE <b>64</b> YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Minnesota</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Gideon Carlson - Unknown</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Ruth Prebble - Unknown</b>		11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. SOCIAL SECURITY NUMBER <b>567-07-5793</b>	
13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Leona Welch</b>		15. PRIMARY OCCUPATION <b>Retired Sheriff</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>12</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Los Angeles County Sheriff Dept.</b>	
18. KIND OF INDUSTRY OR BUSINESS <b>Sheriff Dept.</b>		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>11439 Mapledale</b>		19B. CITY OR TOWN <b>Norwalk</b>		19C. STATE <b>California</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Leona Carlson - Wife 11439 Mapledale Norwalk, California,</b>	
21A. PLACE OF DEATH <b>City of Hope Medical Center</b>		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1500 East Duarte Road</b>		21C. CITY OR TOWN <b>Duarte</b>		21D. STATE <b>California</b>		21E. COUNTY <b>Los Angeles</b>	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Acute Lymphatic Leukemia</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) _____ (C) _____		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH _____		24. WAS DEATH REPORTED TO CORONER? <b>No</b>		25. WAS BIOPSY PERFORMED? <b>Yes</b>		26. WAS AUTOPSY PERFORMED? <b>Yes</b>	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>None</b>		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (ENTER MO., DA., YR.) <b>11/14/78</b>		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <b>John Fahey M.D.</b>		28C. DATE SIGNED <b>4/30/79</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>A19475</b>	
29. SPECIFY ACCIDENT, SUICIDE, ETC. _____		30. PLACE OF INJURY <b>1500 E. Duarte Rd. Duarte, Ca 91010</b>		31. INJURY AT WORK <b>No</b>		32A. DATE OF INJURY—MONTH, DAY, YEAR <b>4/30/79</b>		32B. HOUR <b>11:31</b>	
33. LOCATION (STREET AND NUMBER OR 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 <b>James T. Robertson</b>		35C. DATE SIGNED <b>APR 30 1979</b>	
36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>4/30/79</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Angeles Abbey Crematory, Compton, Calif.</b>		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not embalmed</b>		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Paramount Mortuary</b>	
41. LOCAL REGISTRAR—SIGNATURE <b>James T. Robertson</b>		42. STATE REGISTRAR—SIGNATURE <b>James T. Robertson</b>		43. DATE OF RECORD <b>APR 30 1979</b>		44. FEE <b>\$3.00</b>		45. FEE <b>\$3.00</b>	



STATE OF OREGON; COUNTY OF KLAMATH; ss

I hereby certify that the within instrument was received and filed for record on the 31st day of October A.D., 19 79 at 11:31 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 25711.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernard J. Helich Deputy

James T. Robertson  
11028 Valley Mall  
El Monte, Ca 91731