530 77949

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

Vol. M79 Page 28476
039928

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
Alexander Bob	-----	SMITH Smith aka	OCTOBER 3, 1977	2:58 A.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Caucasian	Pennsylvania	November 18,1911	65 YEARS		

8. NAME AND BIRTHPLACE OF FATHER: James Smith - England

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Isabella Scott - England

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	566-54-0867	Married	Jeanette L. Emwrigt

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Shop Clerk	15	L.A. County Road Dept.	Los Angeles County

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
KAISER FOUNDATION HOSPITAL	12500 HOXIE	YES

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
NORWALK	LOS ANGELES	45 YEARS	45 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
6040 Florence Avenue	Yes	Jeanette L. Smith - Wife

19c. CITY OR TOWN	19d. COUNTY	19e. STATE	
South Gate	Los Angeles	California	Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. INVESTIGATION OF INQUEST	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM (ENTER MONTH DAY YEAR)	TO (ENTER MONTH DAY YEAR)	AND LAST SAW THE DECEASED ALIVE (ENTER MONTH DAY YEAR)	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Rasik Parekh	21d. DATE SIGNED: 10/3/77
	11/20/75	10/3/77	10/2/77		

21e. ADDRESS: RASIK PAREKH, M.D. 9400 Rosecrans, Bellflower — 21f. LICENSE NUMBER: A 24058

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	Oct.7,1977	Rose Hills Memorial Park	Gary L. Bubb 5751

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED BY LOCAL REGISTRAR
Rose Hills Mortuary	No	Liston A. Wadsworth	OCT 7 1977

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: CARCINOMA OF L.U.L OF LUNG — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS

(B) DUE TO, OR AS A CONSEQUENCE OF: & METASTASIS TO BRAIN — 11

(C) DUE TO, OR AS A CONSEQUENCE OF:

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Pulm odema + Emphysema

31. WAS OPERATION OTHER THAN POST-MORTEM PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. WAS AUTOPSY FINDING AVAILABLE FOR USE IN DETERMINING CAUSE OF DEATH?
None	YES	YES

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH DAY YEAR	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE ITEM 19 (MILES)	38. WITH EXPLORATIVE TESTS DONE FOR EXPOSURE OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WAS DEATH CAUSED IN WHOLE OR IN PART BY INJURY SUSTAINED IN THE COURSE OF EMPLOYMENT (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

MEDICAL AND HEALTH DATA

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					01-8-2.042.8

VS 11 (9-73)

Return to
Nichols and Bogardus
35 G STREET SOUTH
LAKEVIEW, OREGON 97630

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.
FEE $2.00
OCT 7 1977
Liston A. Wadsworth, Director of Health Services and Registrar

State of Oregon } ss.
County of Lake }

I hereby certify that the within instrument was received and filed for record on the 3 day of December 1979 at 11:35 o'clock A M. and recorded on Page 530 in Book M82 Record of Deeds of said County
County Clerk
By Lucy O'Connor Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of December A.D., 1979 at 11:54 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 28476.

FEE $3.50

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