79887

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M80 Page 1671

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Edward	Carmen	Rountree

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
June 24, 1979	1050

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	White		July 2, 1907	71 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Arizona	Wilson Barton Rountree - Texas	Flora Frances Finney-Texas

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	564-07-8986	Married	Anna Magelky

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Sign Painter	54	Self Employed	Sign Painting

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
102 South Waterbury		Covina

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Inter-Community Hospital	Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
303 North Third Street	Covina

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Mrs. Anna M. Rountree - Wife
102 South Waterbury
Covina, California 91722

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE
(A) Aspiration and Cachexia — 2 mos
DUE TO, OR AS A CONSEQUENCE OF
(B) Uremic Syndrome — 3 mos
DUE TO, OR AS A CONSEQUENCE OF
(C) Nephrosclerosis and Congestive heart failure — 3 years

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
Left hemiplegia, angina pectoris, arteriosclerosis

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? No
TYPE OF OPERATION — 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.): 10-24-73
I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 6-24-79

28B. PHYSICIAN—SIGNATURE, DEGREE OR TITLE: Richard L. Rohde, M.D.
28C. DATE SIGNED: 26 JUN 79
28D. PHYSICIAN'S LICENSE NUMBER: A19495
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard L. Rohde, M.D. 256 W. San Bernardino Rd. Covina, Ca.

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 OF TITLE
35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	6-28-1979	Forest Lawn Memorial Park 21300 Via Verde Drive - Covina	#6504 Roger C. Christensen

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Forest Lawn Mortuary/Covina		JUN 27 1979

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-78)

79-1-0473

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 $3.00

JUN 27 1979

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 28th day of January A.D., 19 80 at 9:27 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 1671.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Aldrich Deputy