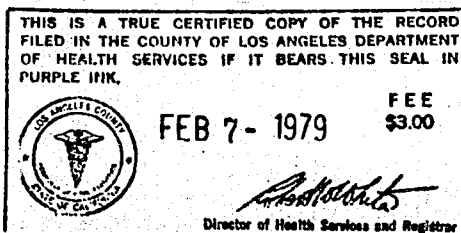


STATE FILE NUMBER		STATE OF CALIFORNIA	
1A. NAME OF DECEDENT—FIRST Hazel		1B. MIDDLE Elizabeth	1C. LAST Horning
3. SEX Fe	4. RACE Cauc.	5. ETHNICITY	6. DATE OF BIRTH February 22, 1927
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New York		9. NAME AND BIRTHPLACE OF FATHER Thomas Stetler Pennsylvania	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Hattie Winneur New York
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 548 52 3097	13. MARITAL STATUS Married
14. PRIMARY OCCUPATION Clerk		15. NUMBER OF YEARS THIS OCCUPATION 2	16. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Mayer's Bakery
17A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 20513 New Hampshire		17B. CITY OR TOWN Torrance	17C. STATE California
18A. PLACE OF DEATH Bay Harbor Hospital		18B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1437 W. Lomita Blvd.	18C. CITY OR TOWN Harbor City
19. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Liver - Renal Failure (B) Portal Cirrhosis (C) -		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Harry D. Horning Husband 20513 New Hampshire Torrance, Calif.	
21. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Aspirin 4+		22. WAS DEATH REPORTED TO CORONER? NO	
23. PHYSICIAN'S CERTIFICATION I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 1-2-79 I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 2-3-79 24. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE Robert Delaplaine MD 25. TYPE PHYSICIAN'S NAME AND ADDRESS Robert Delaplaine, 164 W. Carson St., Torrance, Ca.		26. DATE SIGNED 2-5-79	
27. SPECIFY ACCIDENT, SUICIDE, ETC. N-A		28. PLACE OF INJURY	
29. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		30. INJURY AT WORK	
31. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		32. CORONER'S SIGNATURE AND DEGREE OR TITLE	
33. DISPOSITION Cremation 2/07/1979		34. NAME AND ADDRESS OF CEMETERY OF CREMATION Roosevelt, 18255 Vermont, Gardena	
35. NAME OF FEDERAL DIRECTOR (OR PERSON ACTING AS SUCH) McNerney's Colonial Chapel		36. LOCAL REGISTRAR'S SIGNATURE AND DEGREE OR TITLE Anthony [Signature]	
37. DATE—MONTH, DAY, YEAR FEB 6 1979		38. DATE ACCEPTED BY LOCAL REGISTRAR FEB 6 1979	



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of February A.D., 1980 at 2:11 o'clock P.M., and duly recorded in Vol. NS0 of Deeds on Page 2494.

FEE \$3.50

WM. D. MILNE, County Clerk
By Bernetha [Signature] Deputy