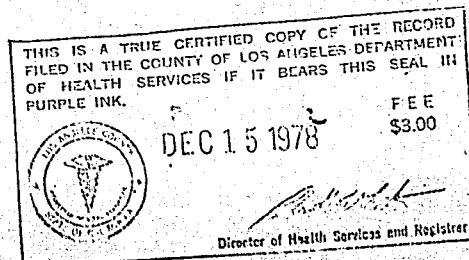


81601

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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| STATE FILE NUMBER | | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | |
|--|-----------------------------|---|---|---|--|
| 1A. NAME OF DECEDENT—FIRST DeVern | | 1B. MIDDLE John | | 1C. LAST Rabideaux | |
| 2A. DATE OF DEATH (MONTH, DAY, YEAR) December 12, 1978 | | 2B. HOUR 0645 | | | |
| 3. SEX Male | 4. RACE Caucasian | 5. ETHNICITY | 6. DATE OF BIRTH October 18, 1913 | 7. AGE 65 YEARS | IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Michigan | | 9. NAME AND BIRTHPLACE OF FATHER Walter Rabideaux, Michigan | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER Ethel Young, Michigan | |
| 11. CITIZEN OF WHAT COUNTRY USA | | 12. SOCIAL SECURITY NUMBER 370-12-9348. A | | 13. MARITAL STATUS Married | |
| 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Beulah Lowe | | 15. PRIMARY OCCUPATION Food Sales | | 16. NUMBER OF YEARS THIS OCCUPATION 20 | |
| 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Butler & Clark | | 18. KIND OF INDUSTRY OR BUSINESS Wholesale Food Distributor | | | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6082 Chesteroark Drive | | | 19B. CITY OR TOWN Lakewood | | |
| 19C. COUNTY Los Angeles | | | 19D. STATE California | | |
| 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Beulah Rabideaux, Wife | | | 21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP 6082 Chesteroark Drive | | |
| 21A. PLACE OF DEATH Cerritos Gardens General Hospital | | | 21B. CITY OR TOWN Los Angeles | | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 21530 So. Pioneer | | | 21D. CITY OR TOWN Hawaiian Gardens | | |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Acute anterior wall myocardial infarction 48 hrs DUE TO, OR AS A CONSEQUENCE OF (B) prob cor art embolism 48 hrs DUE TO, OR AS A CONSEQUENCE OF (C) Thrombotic Vegetation aortic valve prosthes unknown CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST Chronic Rheumatic Heart Dis; L Atrial infarct Prosthetic Aortic Valve 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE OF OPERATION 7-73 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Murray G. Menter, M.D. 28C. DATE SIGNED 12-14-78 28D. PHYSICIAN'S LICENSE NUMBER 612868 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 OF 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 35C. DATE SIGNED 36. DISPOSITION Burial 37. DATE—MONTH, DAY, YEAR December 16, 1978 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY 4471 Lincoln Ave Forest Lawn Memorial Park, Cypress, CA 39. ENBALMER—LICENSE NUMBER AND SIGNATURE 6504 Roger C. Christensen 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn Mtn., Cypress, CA 41. LOCAL REGISTRAR—SIGNATURE DEC 15 1978 42. DATE ACCEPTED BY LOCAL REC STRAP DEC 15 1978 43. STATE REGISTRAR A. C. D. E. F. VS-11 (5-78) | | | | | |



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 March A.D., 1980 at 2:27 o'clock P.M., and duly recorded in Vol. M80, of Deeds on Page 4375.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernice A. Heloich Deputy