

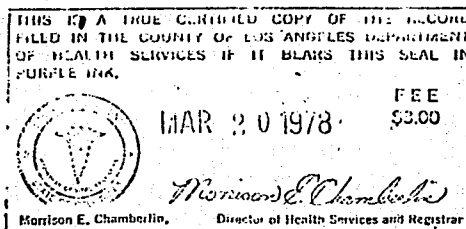
86378

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M80 Page 12250²

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST HAROLD		1B. MIDDLE		1C. LAST McINTOSH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
2A. DATE OF DEATH (MONTH, DAY, YEAR) March 16, 1978		2B. HOUR 2130		3. SEX Male		4. RACE White		5. ETHNICITY American	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Montana		7. AGE 62		8. DATE OF BIRTH January 15, 1916		9. NAME AND BIRTHPLACE OF FATHER Unknown, Unknown		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Velma Searls, Minnesota	
11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 559-03-2606		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Virginia Moore		15. PRIMARY OCCUPATION Carpenter	
16. NUMBER OF YEARS THIS OCCUPATION 26		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) L.A. Dept. Water & Power		18. KIND OF INDUSTRY OR BUSINESS Water Department		19. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 17535 Sayre Street		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Virginia McIntosh Wife	
19A. USUAL RESIDENCE—CITY OR TOWN Sylmar		19B. COUNTY Los Angeles		19C. STATE Calif.		21A. PLACE OF DEATH Sylmar		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 17535 Sayre Street	
21C. CITY OR TOWN Sylmar		21D. COUNTY Los Angeles		21E. STATE Calif.		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
24. WAS DEATH REPORTED TO CORONER? YES-78-3634		25. WAS DISPOST PERFORMED? NO		26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO		28. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE THOMAS T. NOGUCHI, M.D., CORONER	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.)		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE THOMAS T. NOGUCHI, M.D., CORONER		28C. DATE SIGNED 3-18-78		28D. PHYSICIAN'S LICENSE NUMBER 6468		28E. TYPE PHYSICIAN'S NAME AND ADDRESS San Fernando Mission Cemetery	
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)		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 (INVESTIGATION)		35B. I AM A TRUE COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.		35C. DATE SIGNED 3-18-78	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR 3-21-78		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY San Fernando Mission Cemetery		39. EMBALMER'S LICENSE NUMBER 6468		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) J.T. Oswald Mortuary SF	
41. LOCAL REGISTRAR—SIGNATURE Morrison E. Chamberlin		42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 20 1978		43. STATE REGISTRAR		44. FEE \$3.00		45. FEE \$3.00	

Virginia McIntosh
14820 Antec St.
Sylmar, Ca 91342



78- 691471

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of July A.D., 19 80 at 1:33 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 12250.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernard J. Delach Deputy