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This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

AUG 1 1980

Leonard Ramot REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY CALIFORNIA

K-33576

M80 Page 15468

CERTIFICATE OF DEATH

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

STATE FILE NUMBER 8180-033055

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: WILLARD
1b. MIDDLE NAME: KENT
1c. LAST NAME: SCHWARTZ
2a. DATE OF DEATH—MONTH DAY YEAR: July 27,1977
2b. HOUR: 5:15 A
3. SEX: Male
4. COLOR OR RACE: Caucasian
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
6. DATE OF BIRTH: September 19,1909
7. AGE (LAST BIRTHDAY): 67 YEARS
8. NAME AND BIRTHPLACE OF FATHER: Willard A. Schwartz - California
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Bertha Ann Phillips - Illinois
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 567-18-8833-A
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Edna E. Coburn
14. LAST OCCUPATION: Foreman
15. NUMBER OF YEARS IN THIS OCCUPATION: 43
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE): Los Angeles Times
17. KIND OF INDUSTRY OR BUSINESS: Newspaper

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Methodist Hospital of So. California
18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 300 West Huntington Drive
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18o. CITY OR TOWN: Arcadia
18e. COUNTY: Los Angeles
18f. LENGTH OF STAY IN COUNTY OF DEATH: 67 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 67 YEARS

USUAL RESIDENCE

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1508 Stevens Avenue
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19c. CITY OR TOWN: San Gabriel
19o. COUNTY: Los Angeles
19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Edna E. Schwartz - Wife Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR 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): 3/17/77 TO (ENTER MONTH DAY YEAR): 7/27/77 AND I LAST SAW THE DECEASED ON (MONTH DAY YEAR): 7/26/77

21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE): Robert J. [illegible] M.D.
21d. DATE SIGNED: 7/28/77
21e. ADDRESS: 612 W. Duarte Rd. Arcadia
21f. PHYSICIAN'S CERTIFICATE LICENSE NUMBER: G10782

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: July 29,1977
23. NAME OF CEMETERY OR CREMATORY: Rose Hills Memorial Park
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: [illegible]
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): ROSE HILLS MORTUARY
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No
27. LOCAL REGISTRAR (SIGNATURE): [illegible]
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: JUL 29 1977

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C.
(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma & Metastasis
(B) DUE TO OR AS A CONSEQUENCE OF:
(C) DUE TO OR AS A CONSEQUENCE OF:
CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo's

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Emphysema; Villous Adenoma Rectum

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. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? SPECIFY YES OR NO:
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? 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):

STATE A B C D E F

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of August A.D., 19 80 at 3:16 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 15468.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A. Estock Deputy

AUG 15 PM 3 16