97494

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

FEB 18 1981

Leonard Panish REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY • CALIFORNIA •

Vol. M81 Page 5219

Filed 10-22-71 James S. Allison, Registrar-Recorder

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097-040499

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—First name	Edward
1b. Middle name	Van
1c. Last name	Anderson
2a. Date of death—Month, day, year	September 27, 1971
2b. Hour	2:00 a.m.
3. Sex	Male
4. Color or race	Caucasian
5. Birthplace (State or foreign country)	Washington
6. Date of birth	April 18, 1904
7. Age (last birthday)	67 years
If under 1 year / If under 24 hours	
8. Name and birthplace of father	Edward Anderson - Washington
9. Maiden name and birthplace of mother	Bertha Thatcher Minnesota
10. Citizen of what country	United States
11. Social security number	570 18 36 04
12. Married, never married, widowed, divorced (specify)	Married
13. Name of surviving spouse (if wife, enter maiden name)	Marie Wire
14. Last occupation	Chef
15. Number of years in this occupation	45
16. Name of last employing company or firm (if self employed so state)	Mammoth Lodge
17. Kind of industry or business	Resort

PLACE OF DEATH

Field	Entry
18a. Place of death—Name of hospital or other in-patient facility	Wadsworth VA Hospital
18b. Street address—(Street and number, or location)	Wilshire and Sawtelle Blvds.
18c. Inside city corporate limits (specify yes or no)	No
18d. City or town	W. Los Angeles
18e. County	Los Angeles
18f. Length of stay in county of death	45 years
18g. Length of stay in California	45 years

USUAL RESIDENCE (If death occurred in institution, enter residence before admission)

Field	Entry
19a. Usual residence—Street address (street and number or location)	908 4th Street
19b. Inside city corporate limits (specify yes or no)	Yes
19c. City or town	Santa Monica
19d. County	Los Angeles
19e. State	California
20. Name and mailing address of informant	VA Records

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
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 an (investigation or inquest) on the remains of deceased as required by law	
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	9-20-71
to	9-27-71
and last saw the deceased alive	9-27-71
21c. Physician or coroner—Signature and degree or title	Richard M. Frolgel M. D.
21d. Date signed	9-28-71
21e. Address	Wilshire and Sawtelle Blvds W. Los Angeles, California
21f. Physician's California license number	G10932

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	Burial
22b. Date	9-29-71
23. Name of cemetery or crematory	Veterans Administration
24. Embalmer—Signature (if body embalmed) License number	Elliott Lohner 4046
25. Name of funeral director (or person acting as such)	Gates, Kingsley & Gates WW
26. If not certified by coroner was this death reported to coroner? (specify yes or no)	No
27. Local registrar—Signature	[signature]
28. Date accepted for registration by local registrar	SEP 29 1971

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

	Cause	Approximate interval between onset and death
Immediate cause (A)	Massive cerebral infarction, right hemisphere	1 Week
Due to, or as a consequence of (B)	Advanced cerebral vascular disease	Years
Due to, or as a consequence of (C)		

Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last.

30. PART II: OTHER SIGNIFICANT CONDITIONS—contributing to death but not related to the immediate cause given in Part I: Rupture of esophagus at cardioesophageal junction

31. Was operation or biopsy performed for any condition in items 29 or 30? (specify yes or no): No

32a. Autopsy (specify yes or no): Yes

32b. If yes were findings considered in determining cause of death? (specify yes or no): Yes

INJURY INFORMATION

Field	Entry
33. Specify accident, suicide or homicide	
34. Place of injury (specify home, farm, factory, street, office building, etc.)	
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	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					7014

REV. 1-1-68 Form VS-11

Ret: Marvel P. Winkleman 13917 Chopo ...

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of March A.D., 19 81 at 2:34 o'clock P M., and duly recorded in Vol M81 of Deeds on page 5219.

EVELYN BIEHN
COUNTY CLERK

By Debra A. Gunzel Deputy

Fee $3.50