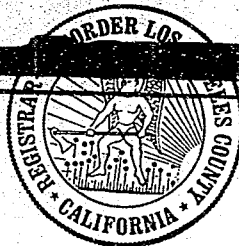


97494

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

FEB 18 1981

Samuel Parnell REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

Vol. M81 Page 5219

CERTIFICATE OF DEATH

7097-040499

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED—FIRST NAME Edward		1b. MIDDLE NAME Van		1c. LAST NAME Anderson	
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		2a. DATE OF DEATH—MONTH, DAY, YEAR September 27, 1971	
8. NAME AND BIRTHPLACE OF FATHER Edward Anderson - Washington		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Bertha Thatcher Minnesota		2b. HOUR 2:00 a.m.	
10. CITIZEN OF WHAT COUNTRY United States		11. SOCIAL SECURITY NUMBER 570 18 36 04		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
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) Manmoth Lodge	
17. KIND OF INDUSTRY OR BUSINESS Resort		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Marie Wire		18. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No	
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Wadsworth VA Hospital		18b. CITY OR TOWN W. Los Angeles		18c. COUNTY Los Angeles	
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	
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 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 HAVE SIGNED THE DECEASED		21c. PHYSICIAN OR CORONER—SIGNATURE, TITLE, ADDRESS <i>Richard H. Hengel</i> M.D. Wilshire and Sawtelle Blvds. W. Los Angeles, California	
21d. DATE SIGNED 9-28-71		21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER G10932		21f. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR SEP 29 1971	
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22b. DATE 9-29-71		23. NAME OF CEMETERY OR CREMATORY Veterans Administration	
24. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Gates, Kingsley & Gates WW		25. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No		26. LOCAL REGISTRAR—SIGNATURE <i>Edmund Braden</i>	
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Massive cerebral infarction, right hemisphere DUE TO, OR AS A CONSEQUENCE OF (B) Advanced cerebral vascular disease DUE TO, OR AS A CONSEQUENCE OF (C) _____		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	
32. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) Yes		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE No		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) No	
35. INJURY AT WORK (SPECIFY YES OR NO) No		36. DATE OF INJURY—MONTH, DAY, YEAR No		36b. HOUR No	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) No		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) No		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO) No	
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) No		40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) No		41. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 Week	
STATE REGISTRAR A		B		C	
D		E		F	

James S. Allison,
Registrar-Recorder

Filed 10-22-71

Ret: *Marcel P. Winkelman*
13977 Chgo No 92205

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.

Fee \$3.50

EVELYN BIEHN
COUNTY CLERKBy *Debra G. Ginzler* Deputy