

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
Vol. M81 Page 5225

8-3511-0000-10406

DECEDENT
PERSONAL
DATA

1A. NAME OF DECEDENT—FIRST BERNICE		1B. MIDDLE		1C. LAST GAITHER		2A. DATE OF DEATH (MONTH, DAY, YEAR) JULY 23, 1980		2B. HOUR 1850	
3. SEX Female	4. RACE Caucasian	5. ETHNICITY German		6. DATE OF BIRTH March 24, 1916		7. AGE 64		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Arizona		9. NAME AND BIRTHPLACE OF FATHER Henry W. Detweiler, Pennsylvania				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Winifred Bierwert, Wisconsin			
11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 556-24-7925		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) John P. Gaither			
15. PRIMARY OCCUPATION Clerk		16. NUMBER OF YEARS THIS OCCUPATION 5		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Hollywood Way Drug Store		18. KIND OF INDUSTRY OR BUSINESS Drug Store			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 341 North Ontario Street				19B. CITY		19C. CITY OR TOWN Burbank			

USUAL
RESIDENCE

PLACE
OF
DEATH

21A. PLACE OF DEATH St. Joseph Medical Center		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mr. John P. Gaither (husband)	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 501 South Buena Vista Street		21B. COUNTY Los Angeles		341 North Ontario Street	
21D. CITY OR TOWN Burbank		Burbank, California 91505			

CAUSE
OF
DEATH

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Respiratory Insufficiency (B) Chronic Lung Disease (C) Liver Insufficiency		24. WAS DEATH REPORTED TO CORONER? No	
25. WAS BIOPSY PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	

PHYSICIAN'S
CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DAY, YR.) 6/4/80		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE William H. Isacoff MD		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	
I LAST SAW DECEDENT ALIVE (ENTER MO. DAY, YR.) 7/23/80		28C. TYPE PHYSICIAN'S NAME AND ADDRESS William H. Isacoff, MD, 2625 W. Alameda, Burbank, CA		28D. DATE SIGNED 7-25-80	
				28E. PHYSICIAN'S LICENSE NUMBER G 24596	

INJURY
INFORMATION

CORONER'S
USE
ONLY

29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE			
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-INVIGATION)		35C. DATE SIGNED			

36. DISPOSITION
Burial

37. DATE—MONTH, DAY, YEAR July 26, 1980		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY FOREST LAWN MEMORIAL PARK 6300 Forest Lawn Drive Los Angeles, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 6671-1 Small J. Hudgens	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn-Hollywood Hills		41. LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 25 1980	
STATE REGISTRAR	A.	B.	C.	D.	E.

STATE OF OREGON,
County of Klamath)
Filed for record at request of

this 23rd day of March A.D. 19 81
at 2:39 o'clock p M, and duly
recorded in Vol. M81 of Deeds
page 5225

EVELYN BIEHN, County Clerk
By Debra L. Gange Deputy
Fee \$3.50

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.	
	JUL 28 1980
FEE \$3.00	
Director of Health Services and Registrar	

Ret: John P. Gaither
341 N. Ontario St.
Burbank, Ca 91505