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Vol. M81 Page 7212

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 00623

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

Field	Entry
1A. Name of Decedent—First	Norman
1B. Middle	Eugene
1C. Last	Bollenbach
2A. Date of Death (Month, Day, Year)	January 13, 1981
2B. Hour	2038
3. Sex	Male
4. Race	White
5. Ethnicity	American
6. Date of Birth	December 9, 1913
7. Age	67 Years
8. Birthplace of Decedent (State or Foreign Country)	Oklahoma
9. Name and Birthplace of Father	Gus H. Bollenbach - Illinois
10. Birth Name and Birthplace of Mother	Hattie F. Newkirk - Illinois
11. Citizen of What Country	U.S.A.
12. Social Security Number	440-01-4522
13. Marital Status	Married
14. Name of Surviving Spouse (If wife, enter birth name)	Mildred F. May
15. Primary Occupation	Clerk
16. Number of Years This Occupation	18
17. Employer (If self-employed, so state)	Mc Coy's Market
18. Kind of Industry or Business	Retail Grocery
19A. Usual Residence—Street Address	13431 Danbury Lane - 134-E
19B.	
19C. City or Town	Seal Beach
19D. County	Orange
19E. State	California
20. Name and Address of Informant—Relationship	Mildred F. Bollenbach-Wife, 13431 Danbury Lane 134-E, Seal Beach, California (Ret!)
21A. Place of Death	Los Alamitos General Hospital
21B. County	Orange
21C. Street Address	3751 Katella Ave.
21D. City or Town	Los Alamitos

22. 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)	Asystolic Cardiac Arrest	Immed.
Due to, or as a consequence of (B)	Acute Myocardial Infarction	1/8/81
Due to, or as a consequence of (C)	Arteriosclerotic Heart Infarction	

24. Was death reported to coroner: NO
25. Was biopsy performed: NO
26. Was autopsy performed: NO

23. Other conditions contributing but not related to the immediate cause of death: Post Anoxic Encephalopathy c Brain Damage

27. Was operation performed for any condition in items 22 or 23? Type of operation: NO — Date:

28A. I certify that death occurred at the hour, date and place stated from the causes stated. Attended decedent since: 1/8/81 — Last saw decedent alive: 1/13/81

28B. Physician—Signature and degree or title: [signature]

28C. Date signed: 1/14/1981

28D. Physician's license number: G 33821

28E. Type physician's name and address: Alan M. Gold, M.D.-3801 Katella #301-Los Alamitos, California

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 (Inquest-Investigation) — 35B. Coroner—Signature and degree or title — 35C. Date signed

36. Disposition	37. Date—Month, Day, Year	38. Name and address of cemetery or crematory	39. Embalmer's license number and signature
Burial	Jan. 16, 1981	Rose Hills Memorial Park, 3900 S. Workman Mill Rd.-Whittier, Calif.	5147 [signature]

40. Name of funeral director (or person acting as such): Rose Hills Mortuary-Whittier, Calif.

41. Local registrar signature: [signature]

42. Date accepted by local registrar: JAN 16 1981

STATE REGISTRAR A. B. C. D. E. F.

Fee: $3.00 — Date: JAN 23 1981 — State Aug, California — Veterans Purposes — Health Officer and Local Registrar of Births and Deaths of Orange County

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of April A.D., 1981 at 1:48 o'clock P M., and duly recorded in Vol M81 of Deeds on Page 7212.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy