7022

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81 DEC 2 PM 1 46

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4100 2957

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Conrad
1B. MIDDLE: Jeans
1C. LAST: Larson
2A. DATE OF DEATH (MONTH, DAY, YEAR): 9-27-1980
2B. HOUR: 09:45
3. SEX: Male
4. RACE: White
5. ETHNICITY: Norwegian
6. DATE OF BIRTH: 9-3-1921
7. AGE: 59 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Oregon
9. NAME AND BIRTHPLACE OF FATHER: Albert Larson Wisc.
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Bessie Jeans - Oregon
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 396-12-0704
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Helen E. King
15. PRIMARY OCCUPATION: Lead Mechanic
16. NUMBER OF YEARS THIS OCCUPATION: 28
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): United Air Lines
18. KIND OF INDUSTRY OR BUSINESS: Airlines

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 342 Beverly Ave.
19B.: 604400
19C. CITY OR TOWN: Millbrae
19D. COUNTY: San Mateo
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Helen E. Larson (wife) 342 Beverly Ave. Millbrae, Calif.

PLACE OF DEATH

21A. PLACE OF DEATH: Peninsula Hospital
21B. COUNTY: San Mateo
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1783 El Camino Real
21D. CITY OR TOWN: Burlingame

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Myocardial Infarction-acute [illegible] hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (B) Arteriosclerotic Heart Disease 6 Mon
DUE TO, OR AS A CONSEQUENCE OF (C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
24. WAS DEATH REPORTED TO CORONER: yes
25. WAS BIOPSY PERFORMED: No
26. WAS AUTOPSY PERFORMED: No
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION / DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE: July 9 1980. LAST SAW DECEDENT ALIVE: Sept 25 1980
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [signature]
28C. DATE SIGNED: 9/29/80
28D. PHYSICIAN'S LICENSE NUMBER: C14779
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: FRANCIS [illegible] 1515 TROUSDALE DR. BURLINGAME, CA. 94010 — 1515 Trousdale Dr. Burlingame Ca.

INJURY INFORMATION

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)

CORONER'S USE ONLY

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: Burial
37. DATE—MONTH, DAY, YEAR: 9-30-1980
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Skylawn Memorial Park, San Mateo
39. EMBALMER—LICENSE NUMBER AND SIGNATURE: [signature] 31
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Chapel of the Highlands
41. LOCAL REGISTRAR—SIGNATURE: JM Bodie, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 29 1980

STATE 1A. 1B. 1C. 1D. 1E. 1F.

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 W 37th AVENUE
SAN MATEO, CALIFORNIA
THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

JM Bodie, M.D.
J.M. BODIE, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

DATE: October 1, 1980

Return To:
S. LYNN PARKINSON
EDWARD J. JONES
ALICE ELLIS
SUITE 3, 722 MAIN STREET
OREGON CITY, OR. 97045
(503) 655-2202

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 2 day of December A.D., 1981 at 1:46 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 20768.

EVELYN BIEHN
COUNTY CLERK
By [signature] deputy

Fee $4.00