

8100

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

m/c 13916

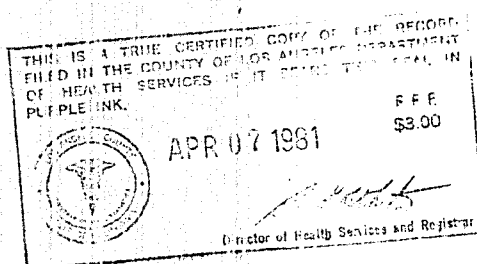
Vol. M82

244

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CITY CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST Margaret		1B. MIDDLE Ethel		1C. LAST Rector		2A. DATE OF DEATH (MONTH, DAY, YEAR) April 5 1981		2B. TIME 2240		
	3. SEX Female		4. RACE White		5. ETHNICITY		6. DATE OF BIRTH Aug 31 1915		7. AGE 65 YEARS MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Ill		9. NAME AND BIRTHPLACE OF FATHER Stephen Nadar - Hungary				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Barbara Tessa - Hungary				
	11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 533 14 8443		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) David Rector (husb)				
	15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION 35		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self-Employed		18. KIND OF INDUSTRY OR BUSINESS Home Making				
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 15955 Leadwell St				19B. CITY OR TOWN Van Nuys		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP David Rector (husb) 15955 Leadwell St Van Nuys Ca 91405				
	19C. COUNTY Los Angeles				19D. STATE Calif						
PLACE OF DEATH	21A. PLACE OF DEATH Valley Pres Hosp				21B. COUNTY Los Angeles						
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 15107 Vanowen St				21D. CITY OR TOWN Van Nuys						
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <u>Memia</u> 24K CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE. (B) <u>Chronic Urinary Tract Infection</u> M105 STATING THE UNDERLYING CAUSE LAST (C) <u>E coli</u> 6M105										
	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <u>Psychosis & Depression</u>										
	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <u>NO</u>										
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE: 4/4/81 I LAST SAW DECEDENT ALIVE: 4/6/81				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <u>Robert B Scribner</u>		28C. DATE SIGNED 4/6/81		28D. PHYSICIAN'S LICENSE NUMBER C13274		
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Robert B Scribner MD 15207 Sherman Way Van Nuys Ca										
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.				30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		
	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 (H) GUEST-INVIGATION				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED		
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Apr 9 81		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakwood Mem Pk Chatsworth Ca 91311				39. ENTOMBER'S LICENSE NUMBER AND SIGNATURE Richard Gray 6695			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Crawford Mortuary				41. LOCAL HEALTH OFFICIAL—SIGNATURE <u>[Signature]</u>		42. DATE ACCEPTED BY LOCAL REGISTRAR APR 07 1981					
STATE REGISTRAR		A.		B.		C.		E.		F.	



RECORDING REQUESTED BY:
GARY L. STEVENS
WHEN RECORDED PLEASE MAIL TO:
David Rector
15955 Leadwell St.
Van Nuys, CA 91405

STATE OF OREGON; COUNTY OF KLANATH: ss.

I hereby certify that the within instrument was received and filed for record on the

8 day of January A.D., 1982 at 11:34 o'clock A.M., and duly recorded in

Vol M 82 of Deeds on page 244.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McArthur Deputy