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8435

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
William	Larence	Meacham	November 16, 1976	5:30 PM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	California	January 10, 1922	54 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Jack L. Meacham California	Jessie Youell Missouri

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	552 26 4104	Never Married	

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Nurse	2	Brockman Memorial	Nursing

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
V.A. Wadsworth Hospital Center	Wilshire & Sawtelle Blvd.	No

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
West Los Angeles	Los Angeles	54 YEARS	54 YE

USUAL RESIDENCE (DEATH OCCURRED IN INSTITUTION. ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
V.A. Domiciliary - L.A.Calif.	No	V. A. Records

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
W. Los Angeles	Los Angeles	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

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 OR THE REMAINS OF DECEASED AS REQUIRED BY LAW. (INVESTIGATION OR INQUEST)

21b. PHYSICIAN: I (OTHER) CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I LAST ATTENDED THE DECEASED

FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND (LAST SAW THIS PERSON ALIVE ON ENTER MONTH, DAY, YEAR)
4/18/76	11/16/76	11/16/76

21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE): A. Rutenberg M.D.

21d. DATE SIGNED: 11/17/76

21e. ADDRESS: V.A. Wadsworth Hospital Center W. Los Angeles, Calif.

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G 32461

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUM
Cremation	11/20/76	Roosevelt Memorial Park	NOT EMBALMED

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Price-Daniel Mortuary	No	Liston A. Witherill	NOV 18 1976

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

CONDITIONS. IF ANY. WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Myocardial Infarctions, Posterior Wall	Months
DUE TO, OR AS A CONSEQUENCE OF (B)	Coronary Artery Occlusion	Years
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.: Pulmonary Hemorrhage*

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH DAY YEAR	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. ITEM 19 MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

24F

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					01-3-2-V01

(8-73)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD ON FILE IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN BLUE INK.

LOS ANGELES COUNTY — STATE OF CALIFORNIA

NOV 26 1976

FEE $2.00

Liston A. Witherill

Liston A. Witherill, Director of Health Services and Registrar

Return
PROCTOR & PUCKETT
ATTORNEYS AT LAW
280 Main Street
LAMATH FALLS, OREGON 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 19 day of January A.D., 1982 at 12:46 o'clock P M., and duly recorded in Vol M 82, of Deeds on page 775.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McAmis deputy