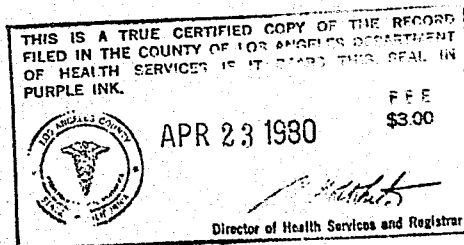


STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST WILLIAM			1B. MIDDLE RALLA		1C. LAST WALES, JR.
2A. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 22, 1980			2B. HOUR 0115		
3. SEX Male		4. RACE White	5. ETHNICITY American	6. DATE OF BIRTH July 20, 1905	
7. AGE 74 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Missouri			9. NAME AND BIRTHPLACE OF FATHER William R. Wales, Sr. - Texas		
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mable L. Wright-Missouri			11. CITIZEN OF WHAT COUNTRY United States		
12. SOCIAL SECURITY NUMBER 366-01-9319			13. MARITAL STATUS Married		
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER FULL NAME) Goldie Davis			15. PRIMARY OCCUPATION Technician		
16. NUMBER OF YEARS THIS OCCUPATION 16			17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self Employed		
18. KIND OF INDUSTRY OR BUSINESS Swimming Pool Maintenance			19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 19101 Calvert Street		
19B. CITY OR TOWN Reseda			19C. COUNTY Los Angeles		
19D. STATE CA			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Goldie I. Wales Wife 19101 Calvert Street Reseda, CA 91335		
21A. PLACE OF DEATH Kaiser Foundation Hospital			21B. COUNTY Los Angeles		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 13652 Cantara Street			21D. CITY OR TOWN Panorama City		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) myelogenous leukemia DUE TO, OR AS A CONSEQUENCE OF (B) _____ DUE TO, OR AS A CONSEQUENCE OF (C) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Chronic Obstructive Pulmonary Disease					
24. WAS DEATH REPORTED TO CORONER? NO					
25. WAS BIOPSY PERFORMED? NO					
26. WAS AUTOPSY PERFORMED? yes					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 1. I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.) 1/21/71 2. I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.) 4/21/80					
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE George Girey M.D.					
28C. DATE SIGNED 4/22/80					
28D. PHYSICIAN'S LICENSE NUMBER G 20258					
28E. TYPE PHYSICIAN'S NAME AND ADDRESS GEORGE GIREY, M.D., 13652 CANTARA ST., PAN. CITY					
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 Burial					
37. DATE—MONTH, DAY, YEAR 4-24-80					
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakwood Memorial Park, Chatsworth, CA					
39. ENBALMER'S LICENSE NUMBER AND SIGNATURE 3028					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Praiswater-Canoga Park					
41. LOCAL REGISTRATION SIGNATURE [Signature]					
42. DATE ACCEPTED BY REGISTRAR APR 23 1980					
STATE REGISTRAR A. B. C. D. E. F.					

When recorded mail to:
Goldie I. Wales
19101 Calvert St.
Reseda, Ca. 91335



State of OREGON: COUNTY OF KLAMATH: ss.

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

12 day of Feb. A.D., 1982 at 12:44 o'clock P M., and duly recorded in

Vol M 82 of Deeds on page 1865.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERK

[Signature] deputy