

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
DECEDENT PERSONAL DATA	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) 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			
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 19101 Calvert Street				19B.	19C. CITY OR TOWN Reseda			
	19D. COUNTY Los Angeles			19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Goldie I. Wales Wife 19101 Calvert Street Reseda, CA 91335			
PLACE OF DEATH	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						
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? NO	
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) myelogenous leukemia	26mos	(B)	(C)	25. WAS BIOPSY PERFORMED? NO		26. WAS AUTOPSY PERFORMED? yes	
	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Chronic Obstructive Pulmonary Disease	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. 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 <i>George Girey M.D.</i>		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								
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 OR CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
CORONER'S OFFICE 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 4-24-80	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakwood Memorial Park, Chatsworth, CA			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <i>Edward W. Hall</i> 3028			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Praiswater-Canoga Park			41. LOCAL REGISTRATION SIGNATURE <i>[Signature]</i>			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

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

APR 23 1980

Director of Health Services and Registrar

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