

12398

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. 1282 Page 6982

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST ERLAMON		1B. MIDDLE WHITESIDE	
1C. LAST WHITESIDE		2A. DATE OF DEATH (MONTH, DAY, YEAR) DECEMBER 28, 1980	
2B. HOUR 0445			
3. SEX Female		4. RACE Caucasian	
5. ETHNICITY		6. DATE OF BIRTH March 14, 1931	
7. AGE 49		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Penn.	
9. NAME AND BIRTHPLACE OF FATHER Robert F. Shana Berger- Penn.		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Florence Galderise-Penn.	
11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 196-22-1538	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Joseph Whiteside	
15. PRIMARY OCCUPATION Medical Secretary		16. NUMBER OF YEARS THIS OCCUPATION 30	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Dr. Louise Benefield M.D.		18. KIND OF INDUSTRY OR BUSINESS Medicine	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3956 Gundry Ave.		19B. CITY OR TOWN Long Beach	
19C. COUNTY Los Angeles		19D. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Joseph Whiteside-Spouse 3956 Gundry Ave. Long Beach, California 90807			
21A. PLACE OF DEATH Long Beach Community Hospital		21B. COUNTY Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1720 Termino		21D. CITY OR TOWN Long Beach	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Disseminated Histocytic Lymphoma DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
24. WAS DEATH REPORTED TO CORONER? NO		25. WAS BIOPSY PERFORMED? YES	
26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Exploratory Laparotomy	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 8-14-79		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE MARK G. JANIS MD. 3801 KATELLA AVE. SUITE 416 LOS ALAMITOS, CALIF. 90720	
28C. DATE SIGNED 12-29-80		28D. PHYSICIAN'S LICENSE NUMBER G024283	
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 Cremation		37. DATE—MONTH, DAY, YEAR January 2, 1981	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Forest Lawn Cypress 4471 Cypress, Calif Lincoln Ave.		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE Not embalmed	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Sunnyside Mortuary-Long Beach		41. LOCAL REGISTRAR—SIGNATURE E.K.	
42. DATE ACCEPTED BY LOCAL REGISTRAR DEC 31 1980			
STATE REGISTRAR			

VS-11 (10-78)

Joseph Whiteside
Box 583
Woodlake, Cal. 93286

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.



JAN 5 1981

FEE
\$3.00

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

7 day of June A.D., 1982 at 9:26 o'clock A.M., and duly recorded in

Vol M 82 of Deeds on page 6982.

Fee \$ 4.00.

EVELYN BIEHN

COUNTY CLERK

deputy