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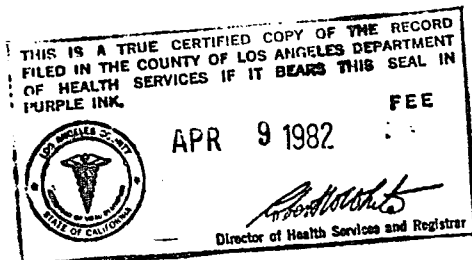
CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M82-4-9789

9789

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST JOSEPH		1B. MIDDLE JOHN	
1C. LAST WOOD		2A. DATE OF DEATH (MONTH, DAY, YEAR) April 5, 1982	
3. SEX Male		4. RACE White	
5. ETHNICITY		6. DATE OF BIRTH May 12, 1920	
7. AGE 61		8. IF UNDER 1 YEAR MONTHS DAYS	
9. IF UNDER 24 HOURS HOURS MINUTES		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Alma Byrd Pennsylvania	
11. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Pennsylvania		12. NAME AND BIRTHPLACE OF FATHER Joseph M. Wood, Pennsylvania	
13. CITIZEN OF WHAT COUNTRY United States		14. SOCIAL SECURITY NUMBER 202-01-6312	
15. PRIMARY OCCUPATION Partsman		16. MARITAL STATUS Married	
17. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Harlene M. Chaffey		18. KIND OF INDUSTRY OR BUSINESS Trade School	
19. CITY OR TOWN North Hollywood		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Harlene M. Wood, wife	
21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 11839 Stagg Street		22. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP 11839 Stagg Street	
23. COUNTY Los Angeles		24. CITY OR TOWN North Hollywood, California 91605	
25. PLACE OF DEATH Diana Lynn Lodge		26. CITY OR TOWN Los Angeles	
27. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8647 Fenwick		28. CITY OR TOWN Sunland	
29. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(A) CARDIORESPIRATORY ARREST		31. WAS DEATH REPORTED TO CORONER? No	
(B) ASCVD		32. WAS BIOPSY PERFORMED? No	
(C)		33. WAS AUTOPSY PERFORMED? No	
34. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH CHRONIC OBSTRUCTIVE PULMONARY DISEASE		35. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	
36. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 8/1/81		37. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Michael E. Platt, M.D.	
38. I ATTENDED DECEDENT SINCE (ENTER NO. DA. YR.) 4/5/82		39. TYPE PHYSICIAN'S NAME AND ADDRESS Michael E. Platt, M.D., 1888 Century Park, Century City, Ca.	
40. I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.) 4/5/82		41. DATE SIGNED 4/6/82	
42. PHYSICIAN'S LICENSE NUMBER 623727		43. DATE OF INJURY—MONTH, DAY, YEAR APR 8 1982	
44. SPECIFY ACCIDENT, SUICIDE, ETC.		45. PLACE OF INJURY	
46. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		47. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
48. 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)		49. CORONER—SIGNATURE AND DEGREE OR TITLE	
50. DATE SIGNED		51. EMBALMER'S LICENSE NUMBER AND SIGNATURE 6671 Donald Hudgens	
52. DATE SIGNED BY EMBALMER		53. DATE SIGNED BY EMBALMER	
54. STATE REGISTRAR		55. STATE REGISTRAR	



STATE OF OREGON; COUNTY OF KLAMATH; ss

I hereby certify that the within instrument was received and filed for record on the 2 day of August A.D., 1982 at 8:57 o'clock A M and duly recorded in Vol. M 82, of Deeds on page 9789

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK
by Joey McArthur Deputy