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14187
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Arthur	Francis	Noon	December 4, 1980	1800

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	White		September 4, 1935	45 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Rhode Island	Arthur F. Noon-Rhode Island	Margaret Byrne-R. I.

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	039-22-5240	Married	Irma Donahue

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Fire Fighter	19	Manhattan Bch. Fire Dept.	Civil Service

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1037 S. Alma Street		San Pedro

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Pedro & Pen. Hospital	Los Angeles	Michelle Noon - Spouse 1037 S. Alma Street San Pedro, CA

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1300 W. 7th Street	San Pedro

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

4 mos. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

PHYSICIAN'S CERTIFICATION

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.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
8-13-80	12-4-80

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Stuart Wong MD

28C. DATE SIGNED 12-8-80

28D. PHYSICIAN'S LICENSE NUMBER C-22131

28E. TYPE PHYSICIAN'S NAME AND ADDRESS Stuart Wong, M.D. 3440 Lomita Blvd, Torrance

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION examination DATE 8-11-80

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 AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE 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 11/9/80

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Green Hills Memorial Park, 27501 Western Ave, San Pedro

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McNerney's/San Pedro

41. LOCAL REGISTRAR—SIGNATURE

EMBALMER'S LICENSE NUMBER AND SIGNATURE #6664

DATE ACCEPTED BY LOCAL REGISTRAR DEC 08 1980

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (10-78)

01-8-1-0680

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.

DEC 08 1980

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 3 day of August A.D., 1982 at 11:28 o'clock A M., and duly recorded in Vol M 82, of Deeds on page 9928.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McNeese deputy