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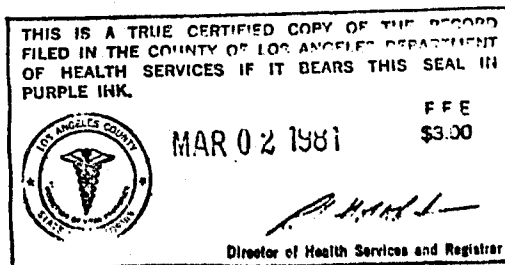
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M82 Page 14596

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST MEREDITH		1B. MIDDLE P.		1C. LAST GARDNER		2A. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 26, 1981		2B. HOUR 1415	
3. SEX Male		4. RACE Cauc.		5. ETHNICITY American		6. DATE OF BIRTH September 11, 1913		7. AGE 67 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Ohio		9. NAME AND BIRTHPLACE OF FATHER Charles D. Gardner, Ohio				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Ella Holden, Ohio			
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 300-09-5009		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Eileen Thrush			
15. PRIMARY OCCUPATION Mechanic		16. NUMBER OF YEARS THIS OCCUPATION 20		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Pacific Telephone Co.		18. KIND OF INDUSTRY OR BUSINESS Trucks			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 44675 N. 21st. Street West				19B.		19C. CITY OR TOWN Lancaster			
19D. COUNTY Los Angeles				19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Eileen T. Gardner -wife 44675 N. 21st. Street West Lancaster, California-93534			
21A. PLACE OF DEATH Keiser Foundation Hospital				21B. COUNTY Los Angeles		21C. CITY OR TOWN Panorama City			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Coronary Heart failure secondary to arteriosclerotic heart disease</i> (B) <i>Due to, or as a consequence of</i> (C) <i>None</i>				23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH REPORTED TO CORONER? Yes		25. WAS BIOPSY PERFORMED? Yes	
26. WAS AUTOPSY PERFORMED? Yes				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No		28. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE Joel Herskowitz MD			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 8/30/78 LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 2/26/81				28B. TYPE PHYSICIAN'S NAME AND ADDRESS JOEL HERSKOWITZ MD 13652 CANTARA ST. PAN CT CA		28C. DATE SIGNED 2/27/81		28D. PHYSICIAN'S LICENSE NUMBER 68496	
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 3/3/81		38. NAME AND ADDRESS OF CEMETERY 808 East Lancaster Blvd. Joshua Memorial Park, Lancaster, Calif.		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE 6847-James R. Newman		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) MUMAW FUNERAL HOME	
41. LOCAL REGISTRAR'S SIGNATURE <i>Robert W. White</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 02 1981		43. STATE REGISTRAR		44. A.		45. B.	
46. C.		47. D.		48. E.		49. F.		50. G.	

71 FVS-11 (10-78)

01-3-1-0432



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 Nov A.D., 1982 at 8:59 o'clock A.M., and duly recorded inVol M82 of Deeds on page 14596.Fee \$ 4.00EVELYN BIEHN
COUNTY CLERKBy *James R. Newman* deputy

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