17528

MTC 11823

# CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M82 Page 15680

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

1A. NAME OF DECEDENT—FIRST: Haston
1B. MIDDLE: Louis
1C. LAST: Woodlen
2A. DATE OF DEATH (MONTH, DAY, YEAR): May 5, 1979
2B. HOUR: 0305
3. SEX: Male
4. RACE: Black
5. ETHNICITY: American
6. DATE OF BIRTH: August 9, 1915
7. AGE: 63 YEARS
IF UNDER 1 YEAR MONTHS / DAYS; IF UNDER 24 HOURS HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Virginia
9. NAME AND BIRTHPLACE OF FATHER: Louis E. Woodlen - Maryland
10. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Ethel Nelson - Massachusetts
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: 115-05-1908
13. MARITAL STATUS: married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): — — —
15. PRIMARY OCCUPATION: USA
16. NUMBER OF YEARS THIS OCCUPATION: 33
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Consoliated Hotels of Calif.
18. KIND OF INDUSTRY OR BUSINESS: Hotels
19C. CITY OR TOWN: Los Angeles

**USUAL RESIDENCE**

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2350 So. Cochran Avenue
19B.
19D. COUNTY: Los Angeles
19E. STATE: Calif.
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mrs. Helena M. Woodlen - Wife Same as residence 90016

**PLACE OF DEATH**

21A. PLACE OF DEATH: UCLA Med. Center
21B. COUNTY: Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 10833 Le Conte
21D. CITY OR TOWN: L. A.

**CAUSE OF DEATH**

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) ✓ Cardio pulmonary Arrest — 1hr
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (B) ✓ Cerebro vascular Accident — 5days
DUE TO, OR AS A CONSEQUENCE OF (C) ✓
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: none DATE ✓

**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.): 5/1/79
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 5/4/79
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: James Grant MD
28C. DATE SIGNED: 5/5/79
28D. PHYSICIAN'S LICENSE NUMBER: G32039
28E. TYPED PHYSICIAN'S NAME AND ADDRESS: James Grant MD, UCLA Hospital, Los Angeles, Calif. 90024

**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
4-F

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 5/8/79
38. NAME: FOREST LAWN MEMORIAL PARK
1712 S. GLENDALE AVE, GLENDALE, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 4325 Warren C. Frey
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FOREST LAWN MEMORIAL PARK
1712 S. GLENDALE AVE, GLENDALE, CA
41. LOCAL REGISTRAR—SIGNATURE
42. DATE ACCEPTED BY LOCAL REGISTRAR: MAY 7 1979
STATE REGISTRAR A. B. C. D. E. F.

04-9-1-079L

VS-11 (10-78)

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MTC STATE OF OREGON, )
County of Klamath )
Filed for record at request of

on this 24th day of November A.D. 19 82
at 11:34 o'clock A M, and duly
recorded in Vol. M82 of Deeds
Page 15680
EVELYN BIEHN, County Clerk
By Bernetha Hilbrich Deputy
Fee $4.00

82 NOV 24 AM 11 34

THIS IS A TRUE CERTIFIED COPY OF THE RECORD IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THE SEAL IN PURPLE INK.
FEE $3.00
MAY 7 1979
Director of Health Services and Registrar