

17528

MTC 11823
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

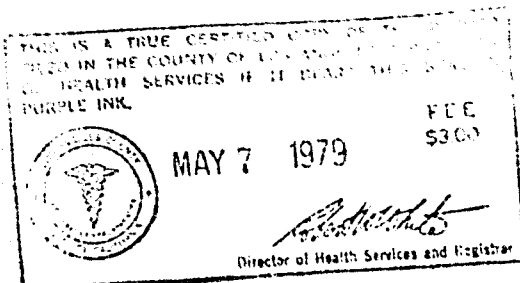
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STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
14. NAME OF DECEDENT—FIRST		15. MIDDLE	16. LAST
Haston		Louis	Woodlan
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Male	Black	American	August 9, 1915
7. DISTRICT OF DECEDENT (STATE OR FOREIGN COUNTRY)		8. NAME AND BIRTHPLACE OF FATHER	
Virginia		Louis E. Woodlan - Maryland	
9. CITIES OF WHAT COUNTRY		10. SOCIAL SECURITY NUMBER	
USA		115-05-1908	
11. PRIMARY OCCUPATION		12. NUMBER OF YEARS THIS OCCUPATION	
USA		33	
13. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED)	
Consolidated Hotels of Calif.		Married	
15. KIND OF INDUSTRY OR BUSINESS		16. CITY OR TOWN	
Hotels		Los Angeles	
17. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18. STATE	
2350 So. Cochran Avenue		Calif.	
19. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles		Mrs. Helene M. Woodlan - Wife	
21. PLACE OF DEATH		Same as residence 90016	
22. PLACE OF DEATH		23. CITY OR TOWN	
UCLA Med. Center		Los Angeles	
24. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		25. CITY OR TOWN	
10833 La Canto		L. A.	
26. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		27. WAS DEATH REPORTED TO CORONER?	
(A) ✓ Cardio pulmonary Arrest		No	
(B) ✓ Cerebral vascular Accident		28. WAS SIGHT PERFORMED?	
(C) .		No	
29. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		29. WAS AUTOPSY PERFORMED?	
		No	
30. PHYSICIAN'S CERTIFICATION		31. DATE SIGNED	
I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		5/15/79	
32. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		33. PHYSICIAN'S LICENSE NUMBER	
James Grant MD, UCLA Hospital, Los Angeles, Calif. 90024		G32039	
34. SPECIFY ACCIDENT, SUICIDE, ETC.		35. PLACE OF INJURY	
36. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
1712 S. GLENDALE AVE., GLENDALE, CA			
38. 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)		39. CORONER'S SIGNATURE AND DEGREE OR TITLE	
40. DEPOSITION		41. ENBALMER'S LICENSE NUMBER AND SIGNATURE	
Burial		4375	
37. DATE—MONTH, DAY, YEAR		42. DATE ACCEPTED BY LOCAL REGISTRAR	
5/8/79		MAY 7 1979	
38. NAME		43. LOCAL REGISTRAR'S SIGNATURE	
FOREST LAWN MEMORIAL PARK			
1712 S. GLENDALE AVE., GLENDALE, CA			
44. STATE REGISTRAR		F.	

VS-11 (10-78)

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 A. Smith Deputy
 Fee \$4.00



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04-9-1-0716