17631

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Page 1613 90-033273

STATE FILE NUMBER — 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
ELSIE	MARIE	BROOKS	JULY 15, 1978	2157

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
FEMALE	CAUC	AMERICAN	APRIL 7,1928	50 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CALIFORNIA	CLARENCE MARSHALL , Illinois	LOLA MILLER ARIZONA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME)
U.S.A.	227 14 7304	MARRIED	JAMES E. BROOKS

AMENDED 1 OF 3

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
PERSONNEL MGR.	15	J.C. PENNY CO.	RETAIL STORES

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	20. NAME AND ADDRESS OF INFORMANT—RELATION
1950 McNAB		JAMES E. BROOKS -Husband 1950 McNAB LONG BEACH, CALIFORNIA 90815

19C. CITY OR TOWN	19D. COUNTY	19E. STATE
LONG BEACH	LOS ANGELES	CALIF.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
LONG BEACH COMMUNITY HOSPITAL	1720 TERMINO

21C. CITY OR TOWN	21D. COUNTY
LONG BEACH	LOS ANGELES

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) ACUTE CARDIAC INSUFFICIENCY

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF
(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 78-3773
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? OPERATION: NO — 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.)
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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: THOMAS T. NOGUCHI, M.D., CORONER
LOS ANGELES, CALIF. 90033
DEPUTY

35C. DATE SIGNED: 7-16-78

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER
Burial	July 20, 1978	All Souls Cemetery 4400 Cherry Avenue Long Beach, Calif.	3797

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Sheelar/Stricklin Mortuary	Monsour E. Chamberlain Jr.	JUL 17 1978

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-78)

01-3-3-0477

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.

AUG - 7 1978

FEE $3.00

Sol Bernstein, M.D.
Director of Health Services and Registrar

62 NOV 30 AM 11 54

AFFIDAVIT TO AMEND A RECORD

16138

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

190 -033273

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE CERTIFICATE NUMBER

PART I

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Elsie	Marie	Brooks

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Female	July 15, 1978	Long Beach, Los Angeles

5. NAME OF FATHER	6. MAIDEN NAME OF MOTHER
Clarence Marshall	Lola Miller

PART II

STATEMENT OF CORRECTIONS

7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
6	April 7, 1928	April 7, 1927
7	50	51

2 OF 3

WHY IS CHANGE NECESSARY? 9. Misinformation given.

PART III

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
▶ Bonnie Scheel	None	Legal

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
7/18/78	1952 Long Beach Blvd., Long Beach, California

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
▶ George L. Quirk	None	Legal

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
7/18/78	1952 Long Beach Blvd., Long Beach, California

STATE OR LOCAL REGISTRAR

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
JUL 20 1978	▶ Sol Bernstein MD Dr.

(REV 7-1-73) FORM VS-24

STATE OF CALIFORNIA. DEPARTMENT OF HEALTH. OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

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Sol Bernstein, MD

Director of Health Services and Registrar

AFFIDAVIT TO AMEND A RECORD

16139

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

STATE CERTIFICATE NUMBER

0190-033273

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
	Elsie	Marie	Brooks
	2. SEX: Female	3. DATE OF EVENT: July 15, 1978	4. PLACE OF OCCURRENCE—CITY AND COUNTY: Long Beach Community Hospital, Long Beach, Los Angeles
	5. NAME OF FATHER: Clarence Marshall		6. MAIDEN NAME OF MOTHER: Lola Miller

3 OF 3

PART II

STATEMENT OF CORRECTIONS	7 ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	12	227 14 7304	527 24 3181
WHY IS CHANGE NECESSARY?	9	Wrong Social Security was given to us.	

PART III

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT: Landon L Stiehl	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1: None	12. AGE OF PERSON COMPLETING THE AFFIDAVIT: Over 21
	13. DATE SIGNED: 8/1/78	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 1952 Long Beach Blvd., Long Beach, California	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT: Jeanne L Stiehl	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1: None	17. AGE OF PERSON COMPLETING THE AFFIDAVIT: Over 21
	18. DATE SIGNED: 8/1/78	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 1952 Long Beach Blvd., Long Beach, California	
STATE OR LOCAL REGISTRAR	20. DATE ACCEPTED: AUG 7 1978	21. OFFICE OF THE STATE OR LOCAL REGISTRAR: Sol Bernstein, MD MPH	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-1-73) FORM VS-24

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FEE $3.00

AUG - 7 1978

Sol Bernstein, MD

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 30 day of Nov A.D., 1982 at 11:54 o'clock A M., and duly recorded in Vol M82 of Deeds on page 16137.

Fee $ 12.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure — deputy