

17631

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Page 161370 90-033273

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST ELSIE	1B. MIDDLE MARIE	1C. LAST BROOKS	2A. DATE OF DEATH (MONTH, DAY, YEAR) JULY 15, 1978	2B. HOUR 2157
	3. SEX FEMALE	4. RACE CAUC	5. ETHNICITY AMERICAN	6. DATE OF BIRTH APRIL 7, 1928	7. AGE 50
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN) CALIFORNIA	9. NAME AND BIRTHPLACE OF FATHER CLARENCE MARSHALL, Illinois	10. BIRTH NAME AND BIRTHPLACE OF MOTHER LOLA MILLER ARIZONA	11. IF UNDER 1 YEAR MONTHS	12. IF UNDER 24 HOURS HOURS
	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. SOCIAL SECURITY NUMBER 227 14 7304	13. MARITAL STATUS MARRIED	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER FIRST) JAMES E. BROOKS	15. KIND OF INDUSTRY OR BUSINESS RETAIL STORES
	15. PRIMARY OCCUPATION PERSONNEL MGR.	16. NO. YEARS OF YEARS THIS OCCUPATION 15	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) J.C. PENNY CO.	18. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER FIRST) JAMES E. BROOKS	
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) 1950 McNAB		19B.	20. NAME AND ADDRESS OF INFORMANT—RELATION JAMES E. BROOKS—Husband	
	19C. CITY OR TOWN LONG BEACH	19D. COUNTY LOS ANGELES	19E. STATE CALIF.	20. NAME AND ADDRESS OF INFORMANT—RELATION 1950 McNAB LONG BEACH, CALIFORNIA 90815	
PLACE OF DEATH	21A. PLACE OF DEATH LONG BEACH COMMUNITY HOSPITAL		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1720 TERMINO		
	21C. CITY OR TOWN LONG BEACH		21D. COUNTY LOS ANGELES		
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				
	(A) ACUTE CARDIAC INSUFFICIENCY				
	(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				
	(C)				
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		
PHYSI- CIAN'S CERTIFI- CATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED
	28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		
	28F. TYPE PHYSICIAN'S NAME AND ADDRESS				
INJURY INFORMA- TION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK
	32. 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 (INVESTIGATION)				
	35B. CORONER—SIGNATURE AND DEGREE OR TITLE THOMAS I. ROSSI, M.D., CORONER LOS ANGELES, CALIF. 90033				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	36. DISPOSITION Burial	37. DATE—MONTH, DAY, YEAR July 20, 1978	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY All Souls Cemetery Long Beach, Calif.		39. EMBALMER'S LICENSE NUMBER 3797
	40. NAME OF FUNERAL DIRECTOR (OF PERSON ACTING AS SUCH) Sheelar/Stricklin Mortuary			41. LOCAL REGISTRAR—SIGNATURE Thomas I. Rossi	
STATE REGISTRAR	A.	B.	C.	D.	E.
	42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 17 1978				

VS-11 (1-78)

01-3-3-1471

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
\$3.00Sol Bernstein, M.D.
Director of Health Services and Registrar

12 131 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 Elsie	1B. MIDDLE NAME Marie	1C. LAST NAME Brooks
	2. SEX Female	3. DATE OF EVENT July 15, 1978	4. PLACE OF OCCURRENCE—CITY AND COUNTY Long Beach, Los Angeles
	5. NAME OF FATHER Clarence Marshall		6. MAIDEN NAME OF MOTHER Lola Miller

PART II

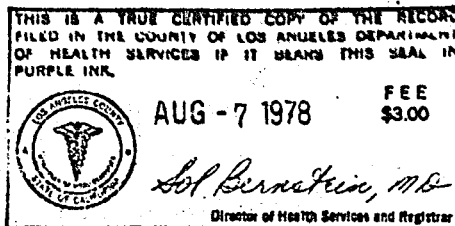
STATEMENT OF CORRECTIONS	7. ITEM NUMBER	8A. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8B. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	6	April 7, 1928	April 7, 1927
	7	50	51
WHY IS CHANGE NECESSARY?	9. Misinformation given.		

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 <i>Bonnie Schell</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. None	12. AGE OF PERSON COMPLETING THE AFFIDAVIT Legal
	13. DATE SIGNED 7/18/78	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 <i>James L. Quirk</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. None	17. AGE OF PERSON COMPLETING THE AFFIDAVIT Legal
	18. DATE SIGNED 7/18/78	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1952 Long Beach Blvd., Long Beach, California	
STATE OR LOCAL REGISTRAR	20. DATE ACCEPTED JUL 20 1978	21. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>Sol Bernstein, MD</i>	

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

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



AFFIDAVIT TO AMEND A RECORD

16139

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 ☒ DEATH
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STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME Elsie		1b. MIDDLE NAME Marie		1c. LAST NAME 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		

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

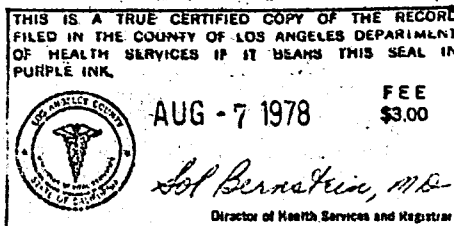
WHY IS CHANGE NECESSARY? **Wrong Social Security was given to us.**

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 <i>Kandau E. Bruch</i>	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 <i>Stame K. Hall</i>	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 <i>Sol Bernstein, M.D.</i>	

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

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



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 M. Shaw* — deputy