

18652

I HEREBY CERTIFY THAT IF AFFIXED WITH
THE SEAL OF ORANGE COUNTY RECORDER,
THIS IS A TRUE COPY OF THE PERMANENT
RECORD FILED OR RECORDED IN THIS OFFICE

DATE 7/19/79 FEE 3.00

COUNTY RECORDER

18268

Lee A. Branch

ORANGE COUNTY, STATE OF CALIFORNIA

BK 227

Pg 424

STATE FILE NUMBER				CERTIFICATE OF DEATH STATE OF CALIFORNIA				3000 02910			
1A NAME OF DECEDENT: FIRST		1B MIDDLE		1C LAST		2A DATE OF DEATH (MONTH, DAY, YEAR)		2B NAME		2C	
Fred		John		Stenton		April 9, 1979		1640			
3 SEX		4 RACE		5 ETHNICITY		6 DATE OF BIRTH		7 AGE		8	
Male		White		American		July 21, 1898		80			
9 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10 NAME AND BIRTHPLACE OF FATHER		11 MARITAL STATUS		12 SOCIAL SECURITY NUMBER		13 BIRTH NAME AND BIRTHPLACE OF MOTHER		14 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Michigan		George A. Stenton-Michigan		Married		555-32-1241		Theresa Wilds-Michigan		Florence McCumber	
15 U.S.A.		16 NUMBER OF YEARS IN U.S.		17 EMPLOYED (IF SELF-EMPLOYED, ENTER TYPE OF BUSINESS)		18 RANK OF INDUSTRY (OR BUSINESS)		19C CITY OR TOWN		20 NAME AND ADDRESS OF INFORMANT (RELATIONSHIP)	
Field Rep.		29		Dept. Water & Power		Public Utilities		La Habra		Florence M. Stenton (Wife)	
19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION)		19B COUNTY		19C CITY OR TOWN		21A PLACE OF DEATH		21B COUNTY		21C CITY OR TOWN	
2200 Ardsheal Drive		Orange		California		La Habra Community Hospital		Orange		La Habra	
21A PLACE OF DEATH		21B COUNTY		21C CITY OR TOWN		22 DEATH WAS CAUSED BY		23 OTHER CONDITIONS CONTRIBUTING TO DEATH		24 WAS DEATH REPORTED TO CORONER?	
1251 W. Lambert Road		La Habra		La Habra		(A) Cerebral hypoxemia 2nd degree		Congestive Heart Failure		no	
22 DEATH WAS CAUSED BY		23 OTHER CONDITIONS CONTRIBUTING TO DEATH		24 WAS DEATH REPORTED TO CORONER?		25 WAS BODILY PERFORMED?		26 WAS AUTOPSY PERFORMED?		27	
25 WAS BODILY PERFORMED?		26 WAS AUTOPSY PERFORMED?		27		28A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE OF DEATH AND PLATE STATED FROM THE CAUSE OF DEATH		28B PHYSICIAN SIGNATURE AND LICENSE NUMBER		28C DATE WHEN	
3-24-79		4-9-79		R. Fraide, M.D. 1201 W. Lambert Rd., La Habra, Calif. 90631		4-10-79		7-11369			
29. EMPLOYER (IF SELF-EMPLOYED, ENTER TYPE OF BUSINESS)		30. PLACE OF INJURY		31. INJURY AT WORK		32A DATE OF INJURY (MONTH, DAY, YEAR)		32B HOUR		33C DATE SIGNED	
32A DATE OF INJURY (MONTH, DAY, YEAR)		32B HOUR		33C DATE SIGNED		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. OCCURRED (SIGNATURE AND TITLE OF PERSON ON TITLE)		36. DATE SIGNED	
36. DATE SIGNED		37. DATE (MONTH, DAY, YEAR)		38. NAME AND ADDRESS OF CEMETERY OR CREMATION		39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE		40. NAME OF PERSONAL SERVICE (FOR PERSON ACTING AS WITNESS)		41. DATE ACCEPTED BY LOCAL REGISTRAR	
39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE		40. NAME OF PERSONAL SERVICE (FOR PERSON ACTING AS WITNESS)		41. DATE ACCEPTED BY LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE ACCEPTED BY LOCAL REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRAR	
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STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for
record on the 22 day of Dec. A.D., 19 82 at 11:47 o'clock A M
and duly recorded in Vol M82, of Deeds on page 18268

FEE \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by [Signature] Deputy