19517 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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5600 1707 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Velma	1B. MIDDLE: Scribner	1C. LAST: Harvey	2A. DATE OF DEATH (MONTH, DAY, YEAR): July 22, 1982
3. SEX: Female	4. RACE: White	5. ETHNICITY: American	6. DATE OF BIRTH: May 17, 1914
7. AGE: 68 YEARS			2B. HOUR: 1650
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): WI	9. NAME AND BIRTHPLACE OF FATHER: William Scribner - WI		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Theresa Precourt - WI
11. CITIZEN OF WHAT COUNTRY: USA	12. SOCIAL SECURITY NUMBER: 555-20-3028	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Lawrence J. Harvey
15. PRIMARY OCCUPATION: Teacher	16. NUMBER OF YEARS THIS OCCUPATION: 40 Yrs.	17. EMPLOYER (IF SELF-EMPLOYED SO STATE): St. Mary Magdalen School	18. KIND OF INDUSTRY OR BUSINESS: Education

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 217 Marker Ave.	19B.	19C. CITY OR TOWN: Camarillo
19D. COUNTY: Ventura	19E. STATE: CA	

PLACE OF DEATH

21A. PLACE OF DEATH: St. John's Hospital	21B. COUNTY: Ventura	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Lawrence J. Harvey (Husb) 217 Marker Ave Camarillo, CA 93010
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 333 North "F" St.	21D. CITY OR TOWN: Oxnard	

CAUSE OF DEATH

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

IMMEDIATE CAUSE — CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(A) Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF
(B) Ruptured dissecting thoracic aneurysm 12hrs
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

24. WAS DEATH REPORTED TO CORONER? Yes 901-82
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? No
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Resection Ruptured aneurysm 7/22/82 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): 7/22/82	I LAST SAW DECEDENT ALIVE (ENTER MO DA YR): 7/22/82	28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE: Howard E. Braitman M.D.	28C. DATE SIGNED: 7/23/82
28E. PHYSICIAN'S NAME AND ADDRESS: Howard E. Braitman, M.D. 500 Esplanade Dr., Oxnard, CA			28D. PHYSICIAN'S LICENSE NUMBER: C29369

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC: N/A	30. PLACE OF INJURY: N/A	31. INJURY AT WORK: N/A	32A. DATE OF INJURY—MONTH, DAY, YEAR: N/A	32B. HOUR: N/A	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): N/A	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): N/A				

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): N/A	35B. CORONER—SIGNATURE AND DEGREE OR TITLE: N/A		35C. DATE SIGNED: N/A
36. DISPOSITION: ...rial	37. DATE—MONTH, DAY, YEAR: 7/26/82	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Santa Clara Cemetery., Oxnard, CA.	39. EMBALMER (LICENSE NUMBER AND SIGNATURE): Russell B. Griffin 3377
40. NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): ...riffin Brothers Mortuary ...amarillo, CA 93010	41. LOCAL REGISTRAR—SIGNATURE: Sarah L. Miller, M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR: 7/26/82

STATE REGISTRAR: A. | B. | C. | D. | E. | F.

VS-11 (10-78)

AUG 03 1982

STATE OF OREGON; COUNTY OF KLAMATH;ss
I hereby certify that the within instrument was received and filed for record on the 18 day of Jan A.D., 19 83 at 8:54 o'clock A M and duly recorded in Vol M83, of Deeds on page 921

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by ... Deputy