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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

20377

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1305

DECEDENT PERSONAL DATA

- 1A. NAME OF DECEDENT—FIRST: JOEL
- 1B. MIDDLE: ANDERSON
- 1C. LAST: BUTLER
- 2A. DATE OF DEATH (MONTH, DAY, YEAR): October 4, 1980
- 3. SEX: Male
- 4. RACE: Cauc.
- 5. ETHNICITY: German
- 6. DATE OF BIRTH: August 1, 1908
- 7. AGE: 72 YEARS
- 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Indiana
- 9. NAME AND BIRTHPLACE OF FATHER: Thomas H. Butler - Unknown
- 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Malinda E. Fite - Unknown
- 11. CITIZEN OF WHAT COUNTRY: U.S.A.
- 12. SOCIAL SECURITY NUMBER: 558-26-2131
- 13. MARITAL STATUS: Married
- 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Mary E. Bumbaugh
- 15. PRIMARY OCCUPATION: Machinist
- 16. NUMBER OF YEARS THIS OCCUPATION: 35yrs.
- 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Unknown
- 18. KIND OF INDUSTRY OR BUSINESS: Machine Shop

USUAL RESIDENCE

- 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 703 West 3rd. Street
- 19B.
- 19C. CITY OR TOWN: Azusa
- 19D. COUNTY: Los Angeles
- 19E. STATE: Calif.
- 20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP: Mrs. Mary E. Butler - Wife (Same as 19a)

PLACE OF DEATH

- 21A. PLACE OF DEATH: "Residence"
- 21B. COUNTY: Los Angeles
- 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 703 West 3rd. Street
- 21D. CITY OR TOWN: Azusa

CAUSE OF DEATH

- 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
  - IMMEDIATE CAUSE (A) Cardiopulmonary Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: min
  - DUE TO, OR AS A CONSEQUENCE OF (B) Carcinoma of Prostate — 4 yrs
  - DUE TO, OR AS A CONSEQUENCE OF (C)
  - CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
- 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None
- 24. WAS DEATH REPORTED TO CORONER: NO
- 25. WAS BIOPSY PERFORMED: YES
- 26. WAS AUTOPSY PERFORMED: NO
- 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF 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): 3-13-79 — I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR): 9-30-80
- 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [signature]
- 28C. DATE SIGNED: 10-6-80
- 28D. PHYSICIAN'S LICENSE NUMBER: A22561
- 28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Thompson Adams, M.D. 2001 Santa Monica Blvd. #1285W. Santa Monica, Calif. 90404

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
- 35C. DATE SIGNED

- 36. DISPOSITION: Cremation
- 37. DATE—MONTH, DAY, YEAR: 10-8-80
- 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Angeles Abbey Crem. 1515 E. Compton Blvd. Compton, Calif.
- 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Unembalmed
- 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): The Neptune Society
- 41. LOCAL REGISTRAR—SIGNATURE: [signature]
- 42. DATE ACCEPTED BY LOCAL REGISTRAR: OCT 0 8 1980

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

VS-11 (10-78)

11:30 AM FEB 10 1983

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. FEE $3.00

OCT 9 1980

[signature]

Director of Health Services and Registrar

SLOAN & HULL
ATTORNEYS AT LAW
220 SOUTHEAST 'H' STREET
POST OFFICE BOX 1476
GRANTS PASS, OREGON 97526

STATE OF OREGON; COUNTY OF KLAMATH; ss

I hereby certify that the within instrument was received and filed for record on the 10 day of Feb. A.D., 19 83 at 11:30 o'clock A M and duly recorded in Vol M83, of Deeds on page 2199

EVELYN BIEHN COUNTY CLERK

by [signature] Deputy

FEE $ 4.00