

CERTIFICATE OF DEATH STATE OF CALIFORNIA

Vol 1083 Page 2199

20377

DECEDENT
PERSONAL
DATA

STATE FILE NUMBER
1A. NAME OF DECEDENT—FIRST

JOEL

3. SEX

Male

4. RACE

Cauc.

5. ETHNICITY

German

6. DATE OF BIRTH

August 1, 1908

7. AGE

72

8. BIRTH NAME AND BIRTHPLACE OF MOTHER

Malinda E. Fite - Unknown

9. NAME AND BIRTHPLACE OF FATHER

Thomas H. Butler - Unknown

10. NAME OF SURVIVING SPOUSE (if wife, etc.)

Mary E. Bumbaugh

11. CITIZEN OF WHAT COUNTRY

U.S.A.

12. SOCIAL SECURITY NUMBER

558-26-2131

13. MARITAL STATUS

Married

14. NUMBER OF YEARS

35yrs.

15. EMPLOYED (if self-employed, so state)

Unknown

16. KIND OF INDUSTRY OR BUSINESS

Machine Shop

17. CITY OR TOWN

Azusa

USUAL
RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)

703 West 3rd. Street

19B. CITY

Los Angeles

21A. PLACE OF DEATH

"Residence"

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)

703 West 3rd. Street

21D. CITY OR TOWN

Azusa

PLACE
OF
DEATH

CAUSE
OF
DEATH

22. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

(A) *Cardiomyopathy*

(B) *Exhaustion*

(C) *of prostate*

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

None

24. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

25. I ATTESTED DECEASED SINCE I LAST SAW DECEASED ALIVE

3-13-79

26. SPECIFY ACCIDENT, SUICIDE, ETC.

9-30-80

27. PLACE OF INJURY

2001 Santa Monica Blvd.

28. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

29. SIGNATURE OF PHYSICIAN

Thompson Adams, M.D.

30. DATE OF INJURY

10-6-80

31. PHYSICIAN'S LICENSE NUMBER

A22561

32. DATE OF DEATH

10-8-80

33. NAME AND ADDRESS OF EMBALMER OR CREMATOR

Compton, Calif.

34. NAME AND ADDRESS OF STATE REGISTRAR

Angela Abbey

35. DATE OF DEATH

10-8-80

36. NAME AND ADDRESS OF STATE REGISTRAR

Angela Abbey

37. DATE OF DEATH

10-8-80

38. NAME AND ADDRESS OF STATE REGISTRAR

Angela Abbey

39. DATE OF DEATH

10-8-80

40. NAME AND ADDRESS OF STATE REGISTRAR

Angela Abbey

41. DATE OF DEATH

10-8-80

42. NAME AND ADDRESS OF STATE REGISTRAR

Angela Abbey

43. DATE OF DEATH

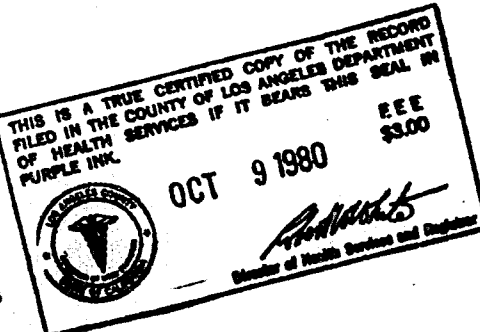
10-8-80

44. NAME AND ADDRESS OF STATE REGISTRAR

Angela Abbey

45. DATE OF DEATH

10-8-80



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., 1983 at 11:30 o'clock A M
and duly recorded in Vol MB3, of Deeds on page 2199
EVELYN BEEHN COUNTY CLERK
by Joyce McArthur Deputy

FEE \$ 4.00