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24975

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Carl
1B. MIDDLE: Alfred
1C. LAST: Hutter II
2. SPANISH/HISPANIC: NO [X]
3. SEX: Male
4. RACE/ETHNICITY: white
5. DATE OF BIRTH: November 24,1926
6. AGE: 56
7. IF UNDER 1 YEAR — MONTHS / DAYS
8. IF UNDER 24 HOURS — HOURS / MINUTES
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Illinois
10. NAME AND BIRTHPLACE OF FATHER: Carl Hutter I -Austria
11. MAIDEN NAME OF MOTHER: Elsie Taibl-Austria
12. CITIZEN OF WHAT COUNTRY: USA
13. SOCIAL SECURITY NUMBER: 360-18-9751
14. MARITAL STATUS: married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Melanie A. Turetschek
16. PRIMARY OCCUPATION: Electrician
17. NUMBER OF YEARS THIS OCCUPATION: 30
18. EMPLOYER (IF SELF EMPLOYED, SO STATE): Vest Electric
19. KIND OF INDUSTRY OR BUSINESS: Construction

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 361 Tulane Av
19B. CITY OR TOWN: Ventura
19C. COUNTY: Ventura
19D. STATE: CA
19E. ZIP CODE:
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Melanie A. Hutter-wife
361 Tulane
Ventura,CA 93003

PLACE OF DEATH

21A. PLACE OF DEATH: Community Memorial Hospital
21B. COUNTY: Ventura
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): No.Brent and Loma Vista Rd
21D. CITY OR TOWN: Ventura
24. WAS DEATH REPORTED TO CORONER?: No
25. WAS BIOPSY PERFORMED?: Yes
26. WAS AUTOPSY PERFORMED?: Yes

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Respiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk
DUE TO, OR AS A CONSEQUENCE OF (B) Carcinoma of the lung-small cell — 1month
DUE TO, OR AS A CONSEQUENCE OF (C) chronic obstructive lung disease — 10+yrs
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: Hypertensive heart disease Osteoarthritis

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? DATE: 4-26-83
TYPE OF OPERATION: Needle biopsy lung lesion

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): 1-18-83
I LAST SAW DECEDENT ALIVE (ENTER MO DA YR): 5-10-83
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE:
28C. DATE SIGNED: 5-12-83
28D. PHYSICIAN'S LICENSE NUMBER: G26072
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Morey Bubis,M.D. 124 No. Brent St,Ventura,CA

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): —
35C. DATE SIGNED: —

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: —
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed
42. DATE ACCEPTED BY LOCAL REGISTRAR: MAY 13 1983

36. DISPOSITION: cremation
37. DATE—MONTH, DAY, YEAR: May 14,1983
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Ivy Lawn Crematory,Ventura,CA
40B. LICENSE NO.: F-60
41. LOCAL REGISTRAR—SIGNATURE: Sarah L. Miller, M.D.
39A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Charles Carroll

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

VS-11 (6-82)

STATE OF OREGON,)
County of Klamath)
Filed for record at request of

on this 24 day of June A.D. 19 83
at 8:39 o'clock A M, and duly
recorded in Vol. M83 of deeds
Page 9896
EVELYN BIEHN, County Clerk
By Deputy
Fee 4.00

Return To:
GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON 97601

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

COUNTY OF VENTURA CALIFORNIA

MAY 16 1983
DATE

Sarah L. Miller, M.D., Health Officer and Registrar