CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 26325

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MILDRED	ELEANOR	ARNOLD

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Female	Caucasian	American	Nov. 13, 1902	Jan. 30, 1983	0435

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Illinois	William Robbins, Unknown	80 YEARS		

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
U.S.A.	569-05-8659	Widowed	Mary Slusser, Unknown

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
Home Maker	Adult Life	Self	-

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	18. KIND OF INDUSTRY OR BUSINESS
9937 San Vincente Ave.		Own Home

19D. COUNTY	19E. STATE	19C. CITY OR TOWN
Los Angeles	Calif.	South Gate

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Saint Francis Medical Center	Los Angeles	Laura L. Lovett, Daughter

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
3630 Imperial Hwy.	Lynwood	6903 Espanita Street Long Beach, Calif.

CAUSE OF DEATH

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

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	Pneumonia	12hr
DUE TO, OR AS A CONSEQUENCE OF		
(B)	carcinomatosis	1yr
DUE TO, OR AS A CONSEQUENCE OF		
(C)	uterine carcinoma.	20yr

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

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	Yes	No

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Abdominal Exploratory DATE: 1-24-83

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.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
Feb. 2, 1976	29 Jan 83	Verner S. Waite	1/31/83	#G-3443

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Verner S. Waite, M.D., 3590 Imperial Hwy., Lynwood, Calif.

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 OCURRED 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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	2/1/83	Pasadena Crematorium, Pasadena, Calif.	Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
DOWNEY Zrelak Family MORTUARY F-954	[signature]	JAN 31 1983

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-78)

Karl Gehlert
PO Box 29
Coos Bay, Oregon 97420

STATE OF OREGON,)
County of Klamath)

Filed for record at request of

on this 28 day of July A.D. 19 83
at 1:51 o'clock P M, and duly
recorded in Vol. M83 of deeds
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EVELYN BIEHN, County Clerk
By [signature] Deputy
Fee 4.00

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.

FEB 1 1993

[signature]
Director of Health Services and Registrar