K-36319

28512

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
ALBERT	BASIL	SHULL	November 8 1982	0952

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	White		November 27, 1930	51 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Pennsylvania	Arthur J. Shull - Pennsylvania	Anna Brogan - Ohio.

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	204-22-8846	Married	Mabel June Merrill

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Window Washer	1	Solar Reflections	Glass Tinting

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
8561 Snowden		Arleta

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	California	Mabel J. Shull. Wife 8561 Snowden Ave. Arleta, Ca. 91331

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
Kaiser Foundation Hospital	Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
13652 Cantara	Panorama City	

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Hypertensive Arteriosclerotic Cardiovascular Disease

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (B)

DUE TO, OR AS A CONSEQUENCE OF: (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 82-1401-2

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY ... No

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: DATE: No

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

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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 6-11-F

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: A. P. Lee, Deputy Coroner | 35C. DATE SIGNED: 11-10-82

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. CORONER'S LICENSE NUMBER AND SIGNATURE
Cremation	11-15-82	Live Oak Crematory 200 Duarte Rd. Monrovia Ca.	D.D. Lee 26-5940

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
Eternal Valley Memorial Park
Mortuary F 1163

41. LOCAL REGISTRAR—SIGNATURE

42. DATE ACCEPTED BY LOCAL REGISTRAR: NOV 10 1982

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

VS-11 (10-78)

Return to

Mabel Shull
8561 Snowden
Arleta, Ca 91331

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.

NOV 10 1982

FEE $3.00

24

Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 19th day of Sept. A.D., 1983 at 1:39 o'clock p M, and duly recorded in Vol M 83, of Deeds on page 16162.

EVELYN BIEHN, COUNTY CLERK

by Ann Smith deputy

Fee $ 4.00