ret: Rockne Gibson
12303 So. Rickeon
Downey, Ca

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

29419

AUG 26 1983

Leonard Ramish REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY ★ CALIFORNIA ★

Vol. 1983 Page 176

MTC 1396

'83 OCT 14 PM 2 06

STATE FILE NUMBER

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097-043113

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: JESSE
1b. MIDDLE NAME: I.
1c. LAST NAME: GIBSON
3. SEX: male
4. COLOR OR RACE: cauc
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
6. DATE OF BIRTH: July 7, 1892
2a. DATE OF DEATH—MONTH, DAY, YEAR: Oct. 18, 1973
2e. HOUR: 4:15 PM
7. AGE (LAST BIRTHDAY): 81 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: John K. Gibson, unknown
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Frankie Wilton, Illinois
10. CITIZEN OF WHAT COUNTRY: U S A
11. SOCIAL SECURITY NUMBER: 552-46-1616
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Douglass Copeland
14. LAST OCCUPATION: mechanic
15. NUMBER OF YEARS IN THIS OCCUPATION: 25
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): self-employed
17. KIND OF INDUSTRY OR BUSINESS: auto repair

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY
18b. CITY OR TOWN: Bell
18c. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 4866 Nevada St.
18d. COUNTY: Los Angeles
18e. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18f. LENGTH OF STAY IN COUNTY OF DEATH: 40 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 40 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4866 Nevada St.
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
19c. CITY OR TOWN: Bell
19d. COUNTY: Los Angeles
19e. STATE: Calif.
20. NAME AND MAILING ADDRESS OF INFORMANT: Douglass Gibson, 4866 Nevada St., Bell, Calif.

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION OR INQUEST AS REQUIRED BY LAW
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR): 27 DEC 71 TO (ENTER MONTH, DAY, YEAR): 18 Oct 73 AND (LAST SAW THE DECEASED ALIVE ON): 5 Oct 73
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE: Jack Hamilton MD
21d. DATE SIGNED: 9 Oct 73
21e. ADDRESS: 3737 Century Blvd, LYNWOOD, CA. 90262
21f. CALIFORNIA LICENSE NUMBER: C-14066

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: burial
22b. DATE: 10/20/73
23. NAME OF CEMETERY OR CREMATORY: Rose Hills Memorial Park
24. EMBALMER—SIGNATURE (IF EMBALMED): License Number 2313
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Sampsons Mortuary
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): no
27. LOCAL REGISTRAR—SIGNATURE: Leonard J. Mitchell
DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: OCT 19 1973

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
(A) IMMEDIATE CAUSE: adenocarcinoma, prostate — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
(B) DUE TO OR AS A CONSEQUENCE OF:
(C) DUE TO OR AS A CONSEQUENCE OF:
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART II

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)
35. INJURY AT WORK (SPECIFY YES OR NO)
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY): YES - Oper.
32a. AUTOPSY (SPECIFY YES OR NO): no
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): YES
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (GIVE IN MILES)
36a. DATE OF INJURY—MONTH, DAY, YEAR
36b. HOUR
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

STATE REGISTRAR

A
B
C
D
E
F 5338

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 14th day of October A.D., 19 83 at 2:06 o'clock P M, and duly recorded in Vol M83, of Deeds on page 17667.

Fee $ 4.00

EVELYN BIEHN, COUNTY CLERK

by Ilene Smith, deputy