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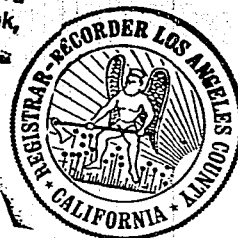
Vol. M83 Page

18721

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

OCT 7 1983

Lamar Paniel
REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA



CERTIFICATE OF DEATH STATE OF CALIFORNIA

0190-037162

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
		JAMES		MONROE	GEARY	August 18, 1983		1345
3. SEX		4. RACE	5. ETHNICITY		6. DATE OF BIRTH		7. AGE	
Male		White			April 9, 1941		42	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		
Massachusetts		Daniel J. Geary, Massachusetts		Kathryn Bitler, Pennsylvania		USA		
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. KIND OF INDUSTRY OR BUSINESS		
561-52-7934		Married		Carolyn Long		Optical supplies		
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. CITY OR TOWN		19. CITY OR TOWN		
20		Self-Employed		Temple City		Temple City		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
10042 Lynrose		Los Angeles		California		Carolyn L. Geary - wife		
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		21D. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		
Methodist Hospital of So. Calif.		Los Angeles		Arcadia		300 W. Huntington Dr.		
22. DEATH WAS CAUSED BY:		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?		
(A) MASSIVE SPONTANEOUS SUBARACHNOID HEMORRHAGE 30 HRS		HYPERTENSION		No		No		
(B) INTRACRANIAL VASCULAR MALFORMATION				No		No		
(C) DIE TO, OR AS A CONSEQUENCE OF				No		No		
26. TYPE PHYSICIAN'S NAME AND ADDRESS		27. DATE OF DEATH		28. DATE OF DEATH		29. DATE OF DEATH		
GREGORY WITHERS, M.D.		8-17-83		8-18-83		8-19-83		
624 W. Duarte Rd.		Arcadia, Ca.		624 W. Duarte Rd.		Arcadia, Ca.		
30. SPECIFY ACCIDENT, SUICIDE, ETC.		31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		32. DATE OF INJURY—MONTH DAY YEAR		33. HOUR		
				8/22/83				
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. COPIES—SIGNATURE AND DEGREE ON TITLE		36. DATE SIGNED		37. DATE SIGNED		
		Chapel of the Pines		Los Angeles, Ca.		Not Embalmed		
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. LOCAL REGISTRATION NUMBER		40. LOCAL REGISTRATION NUMBER		41. LOCAL REGISTRATION NUMBER		
Chapel of the Pines		456		456		456		
42. "AUG 19 1983"		43. "AUG 19 1983"		44. "AUG 19 1983"		45. "AUG 19 1983"		

RETURN TO: ARCADIA OPTICAL, 1021 S Baldwin Avenue, Arcadia, CA 91006, Attn: Carolyn

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for
record on the 31st day of October A.D., 1983 at 10:44 o'clock A.M.,
and duly recorded in Vol M83, of Deeds on page 18721.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by *Paul Smith* deputy