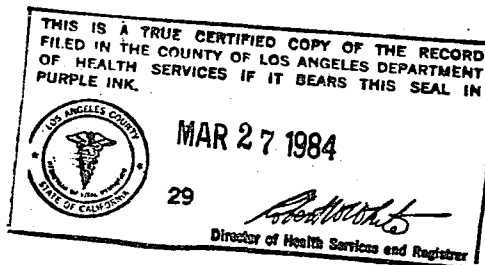


35596

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. m84 Page - **6244**

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Inge			Volkman	2A. DATE OF DEATH (MONTH, DAY, YEAR)	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	6. DATE OF BIRTH	2B. HOUR	
Female		White		NO	January 12, 1921	2025	
7. AGE		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
63		Germany		Fritz Meissner, Germany		Ella Reichardt, Germany	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Germany		552-58-7084		Married		Gerd Volkman	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Secretary		Adult Life		Mission Hospital		Medicine	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
5537 Cecelia St.		Los Angeles		California		Ilona Volkman (Daughter)	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Downey Community Hospital		Los Angeles		11500 S. Brookshire Ave.		Downey	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WHO DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>				8-3188	
		(B)				25. WAS BIOPSY PERFORMED?	
		(C)				NO	
26. WAS AUTOPSY PERFORMED?				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		DATE	
NO				TYPE OF OPERATION		NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS					
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)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
				Deputy Coroner		3-9-84	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation		3/12/84		Cremar Crematory, Anaheim, Ca.		Not embalmed	
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		40B. LICENSE NO.		41. LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Ray Family Mortuary		1165		MAR 12 1984			
STATE REGISTRAR		A.		B.		C.	
		D.		E.		F.	



STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 16th day of April A.D., 1984 at 11:41 o'clock A.M., and duly recorded in Vol M84 of Deeds on page 6244.

Fee: \$ 4.00

Return to
ANN RUTH GRANT
ATTORNEY AT LAW

12139 PARAMOUNT BOULEVARD
DOWNEY, CALIFORNIA 90242

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy

84 APR 15 AM 11 41

01-9-3-0243