35800

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M84 Page 6594
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
JAMES	HENRY	WALKER Sr.	FEBRUARY 18,1983	0935

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	American	February 11, 1915	68 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Illinois	Lyman Walker - Ohio	Charlotte Lane - Ohio

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	323 03 4856	Married	Rose M. Kundis

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Owner-operator	13	Self employed	Electronic Movers

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3018 Petite Court		Los Angeles

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	Calif.	Rose M. Walker - Wife Same Residence - 90039

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
GLENDALE MEMORIAL HOSPITAL	LOS ANGELES

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1420 S. CENTRAL AVE.	GLENDALE

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Bronchogenic Carcinoma — 1 yr

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? no
25. WAS BIOPSY PERFORMED? no
26. WAS AUTOPSY PERFORMED? 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 Partial Pneumonectomy Left Lung — DATE 2/17/82

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
3/16/82	2/18/83	D.B. Wada M.D.	2/21/83	G22508

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: D.B. Wada, MD., 540 N. central, Glendale, CA

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 10-F

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-INVESVIGATION)

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	2/22/83	FOREST LAWN MEMORIAL PARK 1712 S. GLENDALE AVE., GLENDALE, CA 91209 5	4365 Wayne A Bowman

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
656 - Forest Lawn - Glendale	Robert Hooker Smith	FEB 22 1983

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

VS-11 (10-78) 176.8

01-8-1-052

APR 20 PM 1 11

Return:
LAW OFFICE
ROBERT B. LISKER
1800 NORTH HIGHLAND AVENUE, SUITE 520
LOS ANGELES, CALIFORNIA 90028

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 22 1983 FEE PAID

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Director of Health Services and Registrar

OK 4.00

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 20th day of April A.D., 19 84 at 1:11 o'clock p M, and duly recorded in Vol M84, of Deeds on page 6594.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 4.00

by: Pam Smith, Deputy