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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 2650 #44

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: ROBERT	1b. MIDDLE NAME: DANIEL	1c. LAST NAME: MC INTOSH	2a. DATE OF DEATH: November 28, 1975 — 2b. HOUR: 8:35 A.M.
3. SEX: Male — 4. COLOR OR RACE: Cauc.	5. BIRTHPLACE: California	6. DATE OF BIRTH: Sept. 7, 1943	7. AGE: 32 YEARS
8. NAME AND BIRTHPLACE OF FATHER: Donald C. McIntosh - California		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Alkarene I. Richardson - California	
10. CITIZEN OF WHAT COUNTRY: U. S. A.	11. SOCIAL SECURITY NUMBER: 564-56-3734	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married	13. NAME OF SURVIVING SPOUSE: --
14. LAST OCCUPATION: Employee	15. NUMBER OF YEARS IN THIS OCCUPATION: 5	16. NAME OF LAST EMPLOYING COMPANY OR FIRM: State of California	17. KIND OF INDUSTRY OR BUSINESS: Human Resource Development

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: --	18b. STREET ADDRESS: Highway 395, Walker Canyon		18c. INSIDE CITY CORPORATE LIMITS: No
18d. CITY OR TOWN: Walker (rural)	18e. COUNTY: Mono	18f. LENGTH OF STAY IN COUNTY OF DEATH: Transient	18g. LENGTH OF STAY IN CALIFORNIA: 32 YEARS

USUAL RESIDENCE

19a. USUAL RESIDENCE—STREET ADDRESS: 2425 East 4th Street		19b. INSIDE CITY CORPORATE LIMITS: Yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Donald C. McIntosh, 431 Telford Lane, Ramona, California 92065
19c. CITY OR TOWN: Long Beach	19d. COUNTY: Los Angeles	19e. STATE: California	

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: Investigation	21b. PHYSICIAN: FROM - TO - AND -	21c. PHYSICIAN OR CORONER SIGNATURE: D. B. Evans, Coroner — 21d. ADDRESS: Bridgeport, California	21e. DATE SIGNED: 12-11-75

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 12-2-1975	23. NAME OF CEMETERY OR CREMATORY: Nuevo Memory Gardens, Ramona, California	24. EMBALMER—SIGNATURE: Donald H. Calmage — LICENSE NUMBER: 4626
25. NAME OF FUNERAL DIRECTOR: Bonham Brothers, Ramona	26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER:	27. LOCAL REGISTRAR—SIGNATURE: Anne M. Welch	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: 12-12-75

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

IMMEDIATE CAUSE (A) Laceration of thoracic aorta with hemorrhage into the mediastinum and left hemothorax

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

30. PART II. OTHER SIGNIFICANT CONDITIONS — 31. No — 32. Yes — Yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: Accident	34. PLACE OF INJURY: Highway	35. INJURY AT WORK: No	36a. DATE OF INJURY: November 28, 1975 — 36b. HOUR: 8:35 A.
37a. PLACE OF INJURY: Highway 395, Walker Canyon, Walker (Rural)		37b. DISTANCE: 400 MILES	38. Yes — 39. Yes

40. DESCRIBE HOW INJURY OCCURRED: Vehicle went out of control colliding with second vehicle.

STATE REGISTRAR: A B C D E F

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

Anne M. Welch — County Recorder Mono Co., California and Local Registrar Dist. No. 2650

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

BRIDGEPORT, CALIF. — DEC 15 1975

PLACE OF CERTIFICATION — DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH — 6-1-50 FORM VS-199

Return!
Susan J. Brown
Ager & Cougar Roads
Hornbrook, California 96044

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 25th day of April A.D., 1984 at 1:35 o'clock P M, and duly recorded in Vol M84, of Deeds on page 6829.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $4.00