38297

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M84 Page 11018

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
James	Arthur	Carrigan

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
February 1, 1984	1745

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White/American	NO [X]	February 2, 1915

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
68 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Texas	James A. Carrigan - Michigan	Bessie Pennell - Texas

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	452-14-0883	Married	Bonnie Jean Finnin

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Salesman	30	Jones & Laughlin Steel Corp.	Oil Field Equipment Sales

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
15530 Talbot Drive		La Mirada

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
15530 Talbot Drive	La Mirada

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Bonnie Jean Carrigan - Wife
15530 Talbot Drive
La Mirada, California

CAUSE OF DEATH

22. 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, STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (A) CHRONIC ALCOHOLISM.
DUE TO, OR AS A CONSEQUENCE OF (B)
DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

24. WAS DEATH REPORTED TO CORONER? 84-1481
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 27. TYPE OF OPERATION NO DATE

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
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN ~~INQUEST~~ INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE W. F. Kiger Deputy Coroner | 35C. DATE SIGNED 2-2-84

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Feb. 4, 1984	Rose Hills Memorial Park 3900 S. Workman Mill Rd.-Whittier, Calif.	7018 David Hernandez

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Rose Hills Mortuary-Whittier, CA	970	[signature]	FEB 03 1984

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

VS-11 (7-83)

87604-449 5-83 400M DUP ⊙ OSP

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 06 1984

14 [signature]
Director of Health Services and Registrar

Return ATC

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 29th day of June A.D., 1984 at 3:56 o'clock P M, and duly recorded in Vol M84 of Deeds on page 11018.

Fee: $4.00

EVELYN BIEHN, COUNTY CLERK
by: [signature], Deputy