

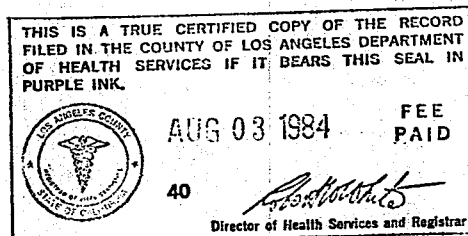
40301

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. 1484 / Page 14434

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST VICTOR		1B. MIDDLE Eugene	
1C. LAST BELL		2A. DATE OF DEATH (MONTH, DAY, YEAR) JULY 31, 1984	
2B. HOUR 1600			
3. SEX Male	4. RACE/ETHNICITY White - American	5. SPANISH/HISPANIC NO 2	6. DATE OF BIRTH October 16, 1927
7. AGE 56		8. IF UNDER 1 YEAR MONTHS 56	9. IF UNDER 24 HOURS HOURS 56
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mary Bollg - Unknown		11. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME Lorraine Carlisle	
12. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME Lorraine Carlisle		13. KIND OF INDUSTRY OR BUSINESS Dry Cleaning	
14. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 13723 Kinbrook Street		15. CITY OR TOWN Sylmar	
16. COUNTY Los Angeles		17. STATE California	
18. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Lorraine Bell - Wife:		19. ADDRESS OF INFORMANT 13723 Kinbrook Street Sylmar, California 91343	
20. PLACE OF DEATH Kaiser Permanente Hospital		21. CITY OR TOWN Los Angeles	
22. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 13652 Cantara Street		23. CITY OR TOWN Panorama City	
24. DEATH WAS CAUSED BY: (A) CARDIAC ARREST (B) IDIO PATHIC CARDIOMYOPATHY (C) DUE TO, OR AS A CONSEQUENCE OF		25. WAS DEATH REPORTED TO CORONER? NO	
26. WAS BIOPSY PERFORMED? NO		27. WAS AUTOPSY PERFORMED? NO	
28. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		29. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
30. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		31. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Joseph H. Burkes MD	
32. DATE SIGNED 7/31/84		33. PHYSICIAN'S LICENSE NUMBER G 035116	
34. TYPE PHYSICIAN'S NAME AND ADDRESS JOSEPH BURKES MD. 13652 CANTARA ST PAN CT CA			
35. SPECIFY ACCIDENT, SUICIDE, ETC.		36. PLACE OF INJURY	
37. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		38. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
39. 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-VESTIGATION		40. CORONER—SIGNATURE AND DEGREE OR TITLE	
41. DATE SIGNED		42. DATE SIGNED	
43. DATE—MONTH, DAY, YEAR August 4, 1984		44. NAME AND ADDRESS OF CEMETERY OR CREMATORY Memory Garden Memorial Park 455 West Central Avenue Brea, California	
45. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed:		46. DATE ACCEPTED BY LOCAL REGISTRAR AUG 03 1984	
47. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Itter McKinley Mission Hills		48. LICENSE NO. 1132	
49. LOCAL REGISTRAR		50. LOCAL REGISTRAR	
51. STATE REGISTRAR		52. STATE REGISTRAR	



Return: Lorraine Bell
13723 Kinbrook St.
Sylmar, Ca. 91342

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 21 day of August A.D., 1984 at 12:17 o'clock P M, and duly recorded in Vol M84 of Deeds on page 14434.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Index: \$1.00
Fee: \$4.00