40340

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M84 Page 14491

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Eleanor	Maxine	Thompson	May 2, 1981	1510

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Female	White		December 21, 1918	62 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Iowa	Walter E. Hof (unknown)	Rachel E. Leonard Iowa

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	479 01 3161	Married	Eldon L. Thompson

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Housewife	33	Self	Own Home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1417 West Kerrick		Lancaster

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	California	Eldon L. Thompson (husband) same as 19a

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Antelope Valley Hospital	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1600 West Avenue J	Lancaster

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) ACUTE MYOCARDIAC INFARCTION — 18 HRS

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B) CORONARY ARTERY DISEASE — YEARS

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: NONE — 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.)
FEB 22 1965	MAY 2 1981

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: P. A. Deschler MD

28C. DATE SIGNED: May 4, 81

28D. PHYSICIAN'S LICENSE NUMBER: C16029

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: P. A. Deschler 1654 West Avenue J Lancaster, Calif.

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 OCURRED 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

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	42. DATE ACCEPTED BY LOCAL REGISTRAR
Burial	May 6, 1981	Desert Lawn Memorial Park 2200 East Avenue S Palmdale, Calif	5286	MAY 05 1981

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Halley-Olsen Funeral Chapel

41. LOCAL REGISTRAR—SIGNATURE

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

01-3-40034

VS-11 (10-78)

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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.

FEE $3.00

MAY 07 1981

Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 22nd day of August A.D., 1984 at 11:42 o'clock A M., and duly recorded in Vol M84 of Deeds on page 14491

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Index: $1.00
Fee: $ 4.00

Return: Eric L. Thompson 819 Valencia Ave., Davis, Calif. 95616