

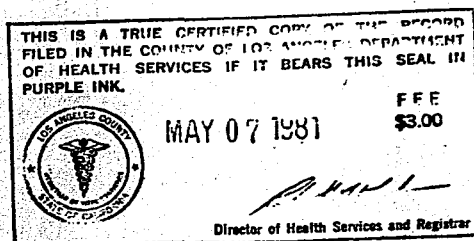
40340

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M84 Page 14491

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Eleanor		2A. DATE OF DEATH (MONTH, DAY, YEAR) May 2, 1981	
1B. MIDDLE Maxine		2B. HOUR 1510	
3. SEX Female		4. RACE White	
5. ETHNICITY		6. DATE OF BIRTH December 21, 1918	
7. AGE 62		8. IF UNDER 1 YEAR MONTHS DAYS	
9. NAME AND BIRTHPLACE OF FATHER Walter E. Hof (unknown)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Rachel E. Leonard Iowa	
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 479 01 3161	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Eldon L. Thompson	
15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION 33	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self		18. KIND OF INDUSTRY OR BUSINESS Own Home	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1417 West Kerrick		19B. CITY OR TOWN Lancaster	
19C. COUNTY Los Angeles		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Eldon L. Thompson (husband) same as 19a	
21A. PLACE OF DEATH Antelope Valley Hospital		21B. COUNTY Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1600 West Avenue J		21D. CITY OR TOWN Lancaster	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF (B) CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF (C) 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER? No 25. WAS BIOPSY PERFORMED? No 26. WAS AUTOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NONE		28. DATE SIGNED May 4, 81	
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.) FEB 22 1965 I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) MAY 2 1981		28B. PHYSICIAN'S SIGNATURE AND REG. NO. OR TITLE P. A. Deschler, M.D. 28C. TYPE PHYSICIAN'S NAME AND ADDRESS P. A. Deschler 1654 West Avenue J Lancaster, Calif.	
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)		35. CORONER—SIGNATURE AND DEGREE OR TITLE	
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)		35C. DATE SIGNED	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR May 6, 1981	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Desert Lawn Memorial Park 2200 East Avenue S. Palmdale, Calif		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 5286 [Signature]	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Halley-Olsen Funeral Chapel		41. LOCAL REGISTRATION SIGNATURE [Signature]	
42. DATE ACCEPTED BY LOCAL REGISTRAR MAY 05 1981		43. STATE REGISTRAR A. B. C. D. E. F.	

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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

Index: \$1.00
Fee: \$ 4.00

EVELYN BLEHN, COUNTY CLERK
by: [Signature], Deputy

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

1984 AUG 22 AM 11