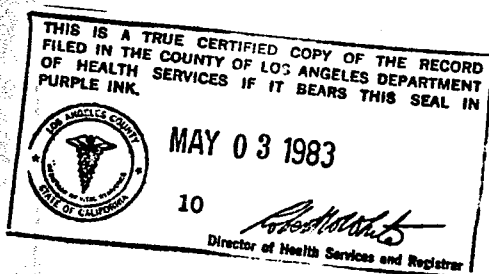


42729

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. m84 Page 18563

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST ROBERT		1B. MIDDLE CHRISTIAN	1C. LAST WOERNER	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
3. SEX MALE		4. RACE CAUCASIAN		5. ETHNICITY	6. DATE OF BIRTH JUNE 28, 1922	7. AGE 60	2A. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 29, 1983
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CALIFORNIA		9. NAME AND BIRTHPLACE OF FATHER FRANK WOERNER, NEW JERSEY		10. BIRTH NAME AND BIRTHPLACE OF MOTHER BESSIE J. ALLEN, NORTH CAROLINA		2B. HOUR 0800	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 554-24-3513		13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) BETTY JEAN BENNETT	
15. PRIMARY OCCUPATION CARPENTER		16. NUMBER OF YEARS THIS OCCUPATION 42		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) CARPENTER'S UNION		18. KIND OF INDUSTRY OR BUSINESS CONSTRUCTION	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 22609 LADEENE AVENUE		19B.		19C. CITY OR TOWN TORRANCE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP BETTY JEAN WOERNER (WIFE) 22609 LADEENE AVENUE TORRANCE, CA. 90505	
19D. COUNTY LOS ANGELES		19E. STATE CALIFORNIA		21A. PLACE OF DEATH TORRANCE MEMORIAL HOSPITAL		21B. COUNTY LOS ANGELES	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3330 W. LOMITA BLVD.		21D. CITY OR TOWN TORRANCE		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Auto Accident DUE TO, OR AS A CONSEQUENCE OF Sideroblastic Anemia (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	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 1 ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 11-10-77		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Stephen Lemkin M.D.		28C. DATE SIGNED 4-29-83		28D. PHYSICIAN'S LICENSE NUMBER 21727	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION BURIAL		37. DATE—MONTH, DAY, YEAR MAY 3, 1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY GREEN HILLS MEMORIAL PARK, 27501 SO. WESTERN AVE., SAN PEDRO, CA.		39. EXAMINER'S LICENSE NUMBER AND SIGNATURE Roy Myers 6446	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GREEN HILLS MORTUARY-1175		41. LOCAL REGISTRAR—SIGNATURE Robert M. White		42. DATE ACCEPTED BY LOCAL REGISTRAR MAY 03 1983		43. STATE REGISTRAR—SIGNATURE Robert M. White	



STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for
record on the 30th day of October A.D., 1984 at 12:01 o'clock P M,
and duly recorded in Vol m84 of Deeds on page 18563.

Fee: \$ 4.00 Index: \$ 1.00 Ret.

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

