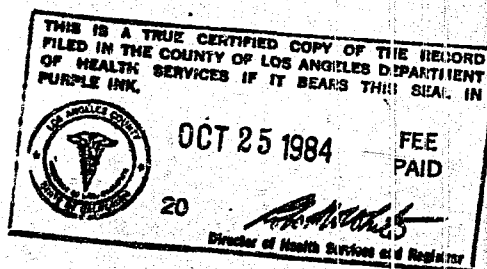


STATE FILE NUMBER 1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
RICHARD		EARL		RICHARDS		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC (N)		6. DATE OF BIRTH	
Male		White/American		E		October 22, 1984 1250	
7. AGE		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
69 YEARS		Illinois		Charles Richards- Wisconsin		Alfretta Love- Illinois	
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.		553-14-8733		Married		Margaret McCartney	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Tool Builder		33		McDonnell-Douglas Aircraft		Aerospace	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		19D. STATE	
3344 West Avenue L-2				Lancaster		California	
19E. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE	
Los Angeles		Mrs. Margaret Richards, Wife 3344 West Avenue L-2 Lancaster, California 93534		Antelope Valley Medical Center 1600 West Avenue J Lancaster		(A) Intracerebral Hemorrhage (B) Hypertensive Cardiovascular Disease (C)	
21A. PLACE OF DEATH		21B. CITY OR TOWN		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Los Angeles		California		Los Angeles		Lancaster	
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
(A) Intracerebral Hemorrhage DUE TO, OR AS A CONSEQUENCE OF				84-13510		No	
(B) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF						No	
(C)						No	
26A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		26B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		26C. DATE SIGNED 26D. PHYSICIAN'S LICENSE NUMBER		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
		No				No	
28. TYPE PHYSICIAN'S NAME AND ADDRESS		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'S SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
				John W. Hannum, Deput. Coroner		10-24-84	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Burial		10-25-1984		Joshua Memorial Park 808 East Lancaster Blvd. Lancaster, Ca. 93535		Michael S. Heitman	
40A. LICENSE NO.		41. LOCAL REGISTRAR'S SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR'S SIGNATURE	
F-1068		Michael S. Heitman		OCT 25 1984			



STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for
record on the 20th day of February, A.D., 1985 at 9:29 o'clock A. M,
and duly recorded in Vol M85 of Deeds on page 2509

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

Return: Margaret M. Richards 3344 W. Ave. L-2 , Lancaster, California 93534 by: L. M. Smith