

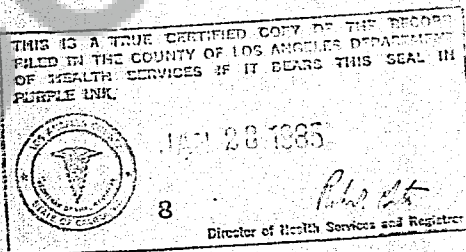
48674

# CERTIFICATE OF DEATH

## STATE OF CALIFORNIA

Vol. 485 Page 7042

STATE FILE NUMBER		11C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR	
Howard		WILLIAM		January 24, 1985   1220	
3. SEX		4. RACE/ETHNICITY		7. AGE	
MALE		WHITE		31 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
California		EDWARD DORE		ILLINOIS	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
U.S.A		572-92-2515		MARRIED	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OR SELF-EMPLOYED, SO STATE	
SALESMAN		2		ED DORE REALTY	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		18. KIND OF INDUSTRY OR BUSINESS	
2202 MALCOLM				REAL ESTATE	
19C. CITY OR TOWN		19D.		19E. STATE	
LOS ANGELES				CALIFORNIA	
21A. PLACE OF DEATH		21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
UCLA MEDICAL CENTER		LOS ANGELES		EDWARD DORE (FATHER)	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		2315 JAMESTOWN LANE	
10833 LE CONTE AVENUE		LOS ANGELES		OXNARD	
				CA. 93030	
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?	
(A) Respiratory Arrest		Pseudomonas Pneumonitis		No	
(B) Cystic Fibrosis				25. WASopsy PERFORMED?	
(C)				No	
26. TYPE OF OPERATION		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. DATE SIGNED	
None		None		1/24/85	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. PHYSICIAN'S LICENSE NUMBER	
1/17/85		Edwin C. Amos, M.D.		G 52551	
28D. TYPE PHYSICIAN'S NAME AND ADDRESS		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28F. DATE OF INJURY—MONTH, DAY, YEAR	
UCLA Medical Center		Edwin C. Amos, M.D. 10833 Le Conte Ave. Los Angeles, Ca.		32B. HOUR	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
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	
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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
				7317 Bernard Johnson	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		01/27/1985		INGLEWOOD PARK CEMETERY, INGLEWOOD CA.	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
GATES, KINGSLEY & GATES		F451		8	
STATE REGISTRAR				42. DATE ACCEPTED BY LOCAL REGISTRAR	
				JAN 28 1985	



Ret: Edward C. Dore  
2315 Jamestown Lane  
Oxnard, CA 93030

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for record on the 13th day of May A.D., 1985 at 10:00 o'clock A.M. and duly recorded in Vol. 485, of Deeds on page 7042.

EVELYN BIEHN, COUNTY CLERK  
by: Pam Smith, Deputy

Fee: \$ 5.00

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