51033

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol M85 Page 11078

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Elsie	Edith	Munter	May 25, 1985	0830

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Female	Caucasian	NO [X]	September 13, 1909	75 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Minnesota	Charles Jokinen - Finland	Hilma Koivisto - Finland

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19__ TO 19__	470 26 4206	MArried	Arnold Munter

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

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
482 E. 51st St.		Long Beach

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Residence	Los Angeles	Arnold Munter - Husband 482 E. 51st ST. Long Beach, Calif.

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
482 E. 51st St.	Long Beach

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) METASTATIC RENAL CELL CARCINOMA

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

(B) DUE TO, OR AS A CONSEQUENCE OF

(C) DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: TWO MONTHS

24. WAS DEATH REPORTED TO CORONER? 85-6952

25. WAS BIOPSY PERFORMED? YES

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION EXPLORATORY LAPAROTOMY AND RENAL BIOPSY DATE 4/3/85

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.)
MARCH, 1985	4/29/85

28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE — Donald E. Sawyer, M.D. — 28C. DATE SIGNED — MAY 26, 1985 — 28D. PHYSICIAN'S LICENSE NUMBER — G-37573

28E. TYPE PHYSICIAN'S NAME AND ADDRESS — Donald E. Sawyer, MD, 3650 E. South St., Lakewood.CA

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 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

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	5/30/85	Altadena, CA Pasadena Crem., 2400 N. Fair Oaks Blvd.	4513

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Hunter Mortuary	F595		MAY 29 1985

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
				MAY 29 1985	

VS-11 (1-85) 189.0

01-9-1-7005

JUL 15 AM 10 07 1985

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.

MAY 30 1985

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Director of Health Services and Registrar

CM 5.00

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 15th day of July A.D., 1985 at 10:07 o'clock A M, and duly recorded in Vol M85 of Deeds on page 11078.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: _____, Deputy

Return: Ms. Joyce Aparijo 7584 El-Escorial Way Buena Park, California 90620