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Vol M85 Page 127

I CERTIFY THAT, IF THIS SEAL IS AFFIXED IN PURPLE INK, THIS IS A TRUE AND CORRECT COPY OF THE PERMANENT RECORD FILED OR RECORDED IN THIS OFFICE.

DATE FEB 28 1985 FEE $4.00

COUNTY RECORDER

Lee A. Branch

ORANGE COUNTY, STATE OF CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 3000 03047

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Judson
1B. MIDDLE: William
1C. LAST: Ruland
2A. DATE OF DEATH (MONTH, DAY, YEAR): March 30, 1983
2B. HOUR: 0930
3. SEX: Male
4. RACE/ETHNICITY: White/American
5. SPANISH/HISPANIC: NO
6. DATE OF BIRTH: July 15, 1903
7. AGE: 79 (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): NY
9. NAME AND BIRTHPLACE OF FATHER: Emory Ruland - NY
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Carrie Murray - NY
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 127-12-5441
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Marjorie Rothwell
15. PRIMARY OCCUPATION: Carpenter
16. NUMBER OF YEARS THIS OCCUPATION: 50
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Douglas Aircraft
18. KIND OF INDUSTRY OR BUSINESS: Aerospace

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4017 E. Fairhaven Ave.
19B.:
19C. CITY OR TOWN: Orange
19D. COUNTY: Orange
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: St. Joseph Hospital
21B. COUNTY: Orange
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1100 Stewart Dr.
21D. CITY OR TOWN: Orange

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Marjorie Ruland (wife)
4017 E. Fairhaven Ave.
Orange, CA 92669

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
(A) Low cardiac output syndrome c congestive heart fail — DUE TO, OR AS A CONSEQUENCE OF — 9 days
(B) Acute myocardial infarction — DUE TO, OR AS A CONSEQUENCE OF — 9 days
(C) Arteriosclerotic heart disease c angina pectoris — 4yrs
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Aortic stenosis, Alzheimers disease c grand mal seizures
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO — TYPE OF OPERATION — DATE

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.): 7-3-75
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): March 31-1983
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: David O. MacLocklin MD
28C. DATE SIGNED: March 31 83
28D. PHYSICIAN'S LICENSE NUMBER: G6626
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: 1125 E 17th St - Santa Ana City — David O. MacLocklin, M.D.

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: Cremation
37. DATE—MONTH, DAY, YEAR: March 31, 1983
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Fairhaven Memorial Park, Santa Ana, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Fairhaven Mortuary
40B. LICENSE NO.: 1313
41. LOCAL REGISTRAR—SIGNATURE: [signature] Deputy
42. DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1983

STATE REGISTRAR — A. — B. — C. — D. — E. — F.

VS-11 (6-82)

12750

2 THIS FORM MUST BE COMPLETED IN BLACK INK

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

83-036487
STATE CERTIFICATE NUMBER

☒ DEATH ☐ FETAL DEATH ☐ BIRTH

3000 03047
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

1a. FIRST NAME: Judson
1b. MIDDLE NAME: William
1c. LAST NAME: Ruland
2. PLACE OF OCCURRENCE—CITY OR COUNTY: Orange
3. DATE OF EVENT: March 30, 1983
4 DATE ORIGINAL FILED: March 31, 1983

2 of 2

STATEMENT OF AMENDMENTS

5. ITEM NUMBER	6a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	6b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE
28A	7-3-75 --- March 31, 1983	7-3-75 --- March 30, 1983
28E	David O. MacLocklin, M.D. 1125 E. 17th St, Santa Ana, Calif.	David O. MacLachlan, M.D. 1125 E. 17th St., Santa Ana, CA

COUNTY RECORDER ORANGE COUNTY CALIFORNIA

JUN 28 1983

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

7. I. THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED. DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

8a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: ▶ x David O. MacLachlan MD
8b. DATE SIGNED: x June 3-83
9a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE): David O. MacLachlan,
9b. DEGREE OR TITLE: M.D.
9c. ADDRESS—STREET, CITY, STATE: 1125 E. 17th St., Santa Ana, CA 92701

REGISTRAR'S OFFICE

10a. OFFICE OF STATE OR LOCAL REGISTRAR: ▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS
BY: MERLE L. SHIELDS, CHIEF
Vital Statistics Branch
10b DATE ACCEPTED: JUN 22 1983

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS
FORM VS-24A (REV. 10-78)

83-03047

44/561

Ret:
R. RULAND
4037 E. FAIRHAVEN
ORANGE, CA 92669

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 14th day
of August A.D., 19 85 at 1:27 o'clock P M., and duly recorded in Vol. M85
of Deeds on Page 12779

FEE $9.00

Evelyn Biehn, County Clerk
By _____