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52612

STATE OF COLORADO

CERTIFICATE OF DEATH

(PHYSICIAN OR CORONER)

Vol. M85 Page 13751

DECEASED

1. Name: Norman Layton Jones Lloyd
2. Race: White
3. Origin or Descent: English
4. Age — Last Birthday: 75 (Under 1 year: Months / Under 1 day: Days / Hours / Minutes)
5. Sex: Male
6. State File Number:
7. Date of Death: June 29, 1985
8. Date of Birth: March 1, 1910
9. County of Death: Arapahoe
10. City, Town or Location of Death: Englewood
11. Hospital or Other Institution: Swedish Hospital
12. If Hosp. or Inst., indicate DOA or if emer. or outpatient, give street and number: Emer. Room
13. State of Birth: Utah
14. Citizen of What Country: U.S.A.
15. Social Security Number: 565-01-5648
16. Married, Never Married, Widowed, Divorced: Married
17. Surviving Spouse: Faye DeLa Mare
18. Was Decedent Ever in U.S. Armed Forces?: No
19. Usual Occupation: Stock Broker
20. Kind of Business or Industry: Brokerage Firm
21. Residence — State: California
22. County: Alameda
23. City, Town or Location: Berkeley
24. ZIP: 94707
25. Street and Number: 501 San Luis Rd.
26. Inside City Limits?: Yes
27. Father — Name: Norman Lea Lloyd
28. Mother — Name: Beatrice Jones
29. Informant — Name: Faye Lloyd
30. Relation to Decedent: Wife
31. Mailing Address: 501 San Luis Rd. Berkeley California 94707

DISPOSITION

32. Burial, Cremation, Removal: Removal
33. Date: 7/1/85
34. Cemetery or Crematory — Name and Location: Wasatch Cemetery, Murray, Utah
35. Funeral Director: Harris L Stevenson
36. Name and Address of Funeral Home: Runyan-Stevenson 6425 W. Alameda Ave. Lakewood, Co. 80226

CERTIFIER

37. Physician: To the best of my knowledge, death occurred at 2:51PM on the date and place and from the cause(s) stated. M.D.
38. Date Signed: 7-1-85
39. Name and Address of Certifier (Physician or Coroner): Stephen Greer Swedish Hospital Englewood Colorado
40. Coroner — On the basis of investigation, on the date and place and due to the cause(s) stated: ARAPAHOE COUNTY CORONER O.K. Jeff Nelson DEPUTY CORONER
41. Date Signed: 7-2-85
42. Pronounced Dead at: (Hour, Day, Year)

REGISTRAR

43. Lauren D Harman, Deputy
44. Date Received by Registrar: JUL 02 1985

CAUSE OF DEATH

45. PART I. Immediate Cause (Enter only one cause per line for (a), (b), (c), (d).)
(a) Cardiac arrest
Due to, or as a consequence of:
(b) Myocardial Infarction
Due to, or as a consequence of:
(c)
(d)
Interval between onset and death:

PART II. Other Significant Conditions — Conditions contributing to death but not related to cause given in PART I (a).

46. Accident, Suicide, Homicide, Undetermined, Pending Investigation:
47. Date and Hour of Injury:
48. Describe How Injury occurred:
49. Autopsy?: No
50. Was Case Referred to Coroner?: Yes
51. Injury at Work?:
52. Place of Injury — At home, farm, street, factory, office building, etc.:
53. Location — Street or R.F.D. No., City or Town, State:

STATE OF COLORADO, TRI-COUNTY DISTRICT HEALTH DEPARTMENT

I hereby certify that the above is a true, full and correct copy of the certificate in my custody and now on file in my office.

Witness my hand and official seal in Englewood, in the County of Arapahoe, in said State, this 2nd day of July A.D. 1985.

H. H. Rohrer M. D.
H. H. Rohrer, M.D., Registrar
Adams, Arapahoe and Douglas Counties

Lois L Schmitt Deputy
Lois L. Schmitt, Deputy Registrar

SEAL

PENALTY for one if any person knowingly uses attempts to use or furnishes to another for deceptive use or supplies false information for any vital statistics certificate.

Mr. Faye Lloyd
501 San Luis Rd
Berkeley Ca 94707

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of August A.D., 19 85 at 2:45 o'clock P M., and duly recorded in Vol. M85, the 28th day
of Deeds on Page 13751.

FEE $5.00

Evelyn Biehn, County Clerk
By _____