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Vol. M85 Page 16327

COUNTY OF ORANGE
HUMAN SERVICES AGENCY
PUBLIC HEALTH & MED. SERVICES
SANTA ANA, CALIFORNIA

☑ FEE $3.00
☐ NO FEE VETERANS PURPOSES

This is to certify, if impressed with the seal of the Orange County Health Officer, that this is a true copy of the permanent record filed in this office.

R. Rex Ehling, M.D.
L. Rex Ehling, M.D.
Health Officer and Local Registrar of Births and Deaths of Orange County
Date: JAN 28 1982

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1 of 2

STATE FILE NUMBER 3000 10697

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Louis	1B. MIDDLE: Christian	1C. LAST: Larson	2A. DATE OF DEATH (MONTH, DAY, YEAR): December 14, 1981	2B. HOUR: 1335	
3. SEX: Male	4. RACE: Caucasian	5. ETHNICITY: Swedish	6. DATE OF BIRTH: March 14, 1908	7. AGE: 73 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): NB	9. NAME AND BIRTHPLACE OF FATHER: Louis William Larson, MN		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Iris Fuller, KS		
11. CITIZEN OF WHAT COUNTRY: U.S.A.	12. SOCIAL SECURITY NUMBER: 549 03 9365	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVEN BIRTH NAME): Francese Duncin		
15. PRIMARY OCCUPATION: Printer	16. NUMBER OF YEARS THIS OCCUPATION: 50	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Home Town Printers	18. KIND OF INDUSTRY OR BUSINESS: Printing		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 320 N. Park Vista Street, #127	19B.		19C. CITY OR TOWN: Anaheim		
19D. COUNTY: Orange	19E. STATE: CA	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Francese Larson (wife) Same as 19A			
21A. PLACE OF DEATH: Casa Pacifica	21B. COUNTY: Orange				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 861 South Harbor	21D. CITY OR TOWN: Anaheim				

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

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiac Arrest	Minutes
DUE TO, OR AS A CONSEQUENCE OF (B)	Acute Coronary Occlusion	Minutes
DUE TO, OR AS A CONSEQUENCE OF (C)	Arteriosclerotic Heart Disease	yrs

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

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Advanced Alzheimers Disease & Cerebral A.S.

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION / DATE: No

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND FROM THE CAUSES STATED.
I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.): 12/04/81
I PRONOUNCED DECEDENT DEAD (ENTER NO. DA. YR.): 12/15/81

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: A. Salness MD
28C. DATE SIGNED: 12/15/81
28D. PHYSICIAN'S LICENSE NUMBER: G-11855
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: G. Salness, M.D., 876 S. Harbor, Anaheim, CA

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 (MEANS WHICH RESULTED IN INJURY)
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: Burial
37. DATE—MONTH, DAY, YEAR: Dec. 17, 1981
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Loma Vista Cemetery, Fullerton, CA
39. EMBALMER'S LICENSE NUMBER: 6549
Joseph G. McGuire

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Hilgenfeld Mortuary, Anaheim, CA
41. LOCAL REGISTRAR—SIGNATURE AND TITLE: R. Rex Ehling, M.D.
42. DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1981

STATE REGISTRAR: A. | B. | C. | D. | E. | F.

VS-11 (10-79)

DEC 1 PM 4 82

16328

2 AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

3000 10697
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMB

2 of 2

PART I

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Louis	Christian	Larson

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Male	Dec. 14, 1981	Anaheim - Orange

5. NAME OF FATHER: Louis William Larson

6. BIRTH NAME OF MOTHER: Iris Fuller

PART II

(LIST ONE ITEM PER LINE)

7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
14	Francese Duncin	Francese Dunkin

9. Typographical Error

PART III

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
Melvin D. Hilgenfeld	Funeral Director	72

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
1-6-82	120 E. Broadway, Anaheim, CA 92805

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
Ethel D. Coe	Secretary, Hilgenfeld Mortuary	43

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
1-6-82	120 E. Broadway, Anaheim, CA 92805

20. DATE ACCEPTED: JAN 14 1982

21. OFFICE OF THE STATE OR LOCAL REGISTRAR

OFFICE OF THE STATE REGISTRAR BY: MERLE L. SHIELDS, CHIEF
OF VITAL STATISTICS Vital Statistics Branch

CA. DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 10-78) FORM VS-

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: $3.00 ☐ No Fee Veterans Purposes ☐

Dated JAN 28 1982

Santa Ana, California

Health Officer and Local Registrar of Births and Deaths of Orange County

By [illegible] Deputy

P. O. Box [illegible]