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Vol. M86 Page 986

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000

1. NAME - FIRST Carl		16. SEX Male		17. LAST Herrod	
2. RACE Calcasian		3. ETHNIC OR HISPANIC NO		4. DATE OF BIRTH July 7, 1924	
5. PLACE OF BIRTH AR		6. NAME AND BIRTHPLACE OF FATHER Gordon William Herrod - AR		7. AGE 61	
8. SOCIAL SECURITY NUMBER 430-28-4321		9. MARITAL STATUS Married		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Nellie Alberta Chesser - AR	
11. OCCUPATION Fire fighter		12. NUMBER OF YEARS THIS OCCUPATION 22		13. KIND OF INDUSTRY OR BUSINESS Fire fighting	
14. USUAL RESIDENCE - STREET ADDRESS STREET AND NUMBER OR LOCATION 8841 Pebble Beach Ct.		15. CITY OR TOWN San Diego		16. STATE CA	
17. PLACE OF DEATH Grossmont Hosp.		18. COUNTY San Diego		19. CITY OR TOWN San Diego	
20. STREET ADDRESS STREET AND NUMBER OR LOCATION 5555 Grossmont Center Dr.		21. CITY OR TOWN La Mesa		22. STATE CA	
23. DEATH WAS CAUSED BY Cancer of the Prostate		24. ENTER ONLY ONE CAUSE FOR LINE FOR A, B, AND C 18mos		25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH No	
26. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTES TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 23A 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 23 OR 24 No		28. DATE OF OPERATION 10-28-85	
29. PHYSICIAN - SIGNATURE AND DEGREE OR TITLE John O. Clune, M.D.		30. PHYSICIAN'S LICENSE NUMBER G26407		31. DATE OF DEATH October 26, 1985	
32. TYPE PHYSICIAN'S NAME AND ADDRESS John O. Clune, M.D., 5565 Grossmont Center Dr., La Mesa, CA		33. PLACE OF BURIAL El Cajon Cemetery, 2080 Dehesa Rd., El Cajon, CA		34. DATE OF BURIAL October 30, 1985	
35. LOCATION - STREET AND NUMBER OR LOCATION AND CITY OR TOWN El Cajon Cemetery, 2080 Dehesa Rd., El Cajon, CA		36. CORONER - SIGNATURE AND DEGREE OR TITLE David J. Sheehan		37. DATE OF CORONER'S REPORT OCT 28 1985	
38. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HAD AN INQUIRY- INVESTIGATION October 30, 1985		39. NAME AND ADDRESS OF CEMETERY OR CREMATORY El Cajon Cemetery, 2080 Dehesa Rd., El Cajon, CA		40. CEMETERY'S LICENSE NUMBER AND EXPIRATION DATE 6407	
41. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH Lakeside-Santee Funeral Chapel		42. LICENSE NO. F-997		43. LOCAL REGISTRAR David J. Sheehan	
44. STATE REGISTRAR STATE REGISTRAR		45. DATE OF DEATH OCT 28 1985		46. DATE OF BURIAL OCT 30 1985	

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED IN THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, 1700 PACIFIC AVE., SAN DIEGO, CA 92161.

FEE PAID: \$4.00
DATED: OCT 29 1985

STATE OF OREGON: COUNTY OF KLAMATH

Filed for record at request of January A.D. 19 86 at 4:19 o'clock P M. and duly recorded in Vol. 276 day of Deeds on Page 902.

FEE \$5.00

Ret: Leah R. Herrod 9841 Pebble Beach Ct., Santee, California 92071

By Evlyn T. Lehn, County Clerk
T. Smith