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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5600 1856

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
HAROLD	EDWIN	MC GREGOR

2. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC (NO / SPECIFY)	6. DATE OF BIRTH	7. AGE	8A. DATE OF DEATH (MONTH, DAY, YEAR)	8B. HOUR
MALE	WHITE/UNK.	NO	FEBRUARY 22, 1910	75 YEARS	JULY 10, 1985	0500

9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
UTAH	CHARLES MC GREGOR-UTAH	EFFI MAE HORRICKS-IDAHO

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 ___	550-03-5927	MARRIED	CORRINE A. FREDERICKSON

15. USUAL OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE	18. KIND OF INDUSTRY OR BUSINESS
INSURANCE INVESTIGATOR	21	UNKNOWN	L.A. COUNTY

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
255 SEQUOIA CT., #34		THOUSAND OAKS

19D. COUNTY	19E. STATE
VENTURA	CALIFORNIA

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
RESIDENCE	VENTURA	255 SEQUOIA CT., #34	THOUSAND OAKS

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
CORRINE MC GREGOR-WIFE
SAME AS RESIDENCE
91360

CAUSE OF DEATH

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

(A) IMMEDIATE CAUSE	CARDIAC ARREST	MIN
DUE TO OR AS A CONSEQUENCE OF: (B)	CONGESTIVE HEART FAILURE	MONTHS
DUE TO OR AS A CONSEQUENCE OF: (C)	CARDIOMYOPATHY-MIXED TYPE	YRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

24. WAS DEATH REPORTED TO CORONER? YES 924-85
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO
27A. TYPE OF OPERATION
27B. DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28B. ATTENDED DECEDENT SINCE (ENTER MO, DA, YR)	28C. LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR)	28D. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28E. DATE SIGNED	28F. PHYSICIAN'S LICENSE NUMBER
4-17-81	7-10-85	Glenn C. Kissinger M.D.	7-10-85	A 21726

28G. TYPED PHYSICIAN'S NAME AND ADDRESS: G. Kissinger, M.D., 10875 San Fernando, Pacoima, 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
Burial	7/13/85	FOREST LAWN MEMORIAL PARK 1712 S. GLENDALE AVE. GLENDALE, CA 91205	4365 Wayne A Bowma

40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH	40B. LICENSE NO	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Forest Lawn Mortuary/Glendale	656	Sarah L. Miller, M.D.	JUL 12 1985

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

VS-1111-88

AFTER RECORDING RETURN
Joel R. Bryan
Attorney at Law
325 East Hillcrest Drive
Suite 204
Thousand Oaks, California 91360

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

JUL 12 1985
DATE

Sarah L. Miller, M.D., Health Officer and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of January A.D. 19 86 at 1:03 o'clock P M., and duly recorded in Vol 136 of Deeds on Page 1025 the 21st day

FEE $5.00

Evelyn Biehn, County Clerk
By _____