

'86 APR 9 PM 2 42

Vol. 1186 Page 5939

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 09982

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST J 1B. MIDDLE J 1C. LAST Horn

2. SEX Male 4. RACE/ETHNICITY White/American 5. SPANISH/HISPANIC NO

6. DATE OF BIRTH January 14, 1923

7. AGE 61 8. IF UNDER 1 YEAR MONTHS 9. IF UNDER 24 HOURS HOURS 10. IF UNDER 24 HOURS MINUTES

11. CITIZEN OF WHAT COUNTRY U.S.A. 12. SOCIAL SECURITY NUMBER 288-16-0748 13. MARITAL STATUS Married

14. NAME OF SURVIVING SPOUSE OF WIFE. ENTER BIRTH NAME: Dorothy Jean Dillow 15. KIND OF INDUSTRY OR BUSINESS Trucking

16. NUMBER OF YEARS THIS OCCUPATION 35 17. EMPLOYER OF SELF-EMPLOYED, SO STATED Continental Carrier Corp. 18. CITY OR TOWN Westminister

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6212 Hefley Square 19B. STATE California 19C. CITY OR TOWN Westminister

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Dorothy D. Horn (wife) 6212 Hefley Square Westminister, CA 92683

21A. PLACE OF DEATH Humana Hospital, Huntington Beach Orange 21B. COUNTY Orange 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 17772 Beach Blvd. 21D. CITY OR TOWN Huntington Beach

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Brain Death (B) Cardiac Arrest (C) Atherosclerotic Heart Disease

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN None

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION None

28A. I CERTIFY THAT DEATH OCCURRED AT THE MO. DATE AND PLACE STATED FROM THE CAUSES LATTERED DECEDENT SINCE (ENTER MO. DA. YR.) 10-19-84 10-23-84 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE William Cable MD 28C. DATE SIGNED 10/23/84 28D. PHYSICIAN'S LICENSE NUMBER A40266

29. SPECIFY ACCIDENT, SUICIDE, ETC. 30. PLACE OF INJURY 17772 31. INJURY AT WORK 32A. DATE OF INJURY—MONTH, DAY, YEAR 10/23/84 32B. HOUR 92647

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 17772 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE MO. 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. DATE—MONTH, DAY, YEAR October 25, 1984 37. NAME AND ADDRESS OF CEMETERY OR CREMATORY Fairhaven Memorial Park, Santa Ana, CA 38. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed

39. FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 40B. LICENSE NO. 1313 41. LOCAL REGISTRAR—SIGNATURE 42. DATE ACCEPTED BY LOCAL REGISTRAR OCT 24 1984

43. COUNTY OF OREGON: COUNTY OF KLAMATH

87604-448 8-83 400M DUP © G32

Filed for record at request of _____
of April _____ A.D., 19 86 at 2:42 o'clock P. M., and duly recorded in Vol. M86 day _____
of _____ Deeds on Page 5939
FEE \$5.00
Return: Willma

Return: Wilma E. Presley, Atty.-

On Page 5939 Recorded in Vol. M86
 Evelyn Blehn, County Clerk
 By Pat Smith
 Civic Center Plaza Towers, #802
 600 W. Santa Ana Blvd., Santa Ana, Calif. 92701