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MTC-1396-931

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER 38619055788

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Claude | 1B. MIDDLE: A. | 1C. LAST: Ward

2A. DATE OF DEATH (MONTH, DAY, YEAR): October 29, 1986 | 2B. HOUR: 1520

3. SEX: Male | 4. RACE/ETHNICITY: White | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: August 8, 1895 | 7. AGE: 91 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): North Dakota | 9. NAME AND BIRTHPLACE OF FATHER: Unknown Ward - Unknown | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Marilla Ann Horton-Michigan

11A. CITIZEN OF WHAT COUNTRY: U.S.A. | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19__ TO 19__ | 12. SOCIAL SECURITY NUMBER: 573-30-1652 | 13. MARITAL STATUS: Widowed | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)

15. PRIMARY OCCUPATION: Detective | 16. NUMBER OF YEARS THIS OCCUPATION: 29 yrs. | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): City of San Fernando | 18. KIND OF INDUSTRY OR BUSINESS: Police Department

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 12245 San Fernando Road | 19B.: | 19C. CITY OR TOWN: Sylmar

19D. COUNTY: Los Angeles | 19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Holy Cross Hospital | 21B. COUNTY: Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 15031 Rinaldi St | 21D. CITY OR TOWN: Mission Hills

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: William Ward - Son; 12585 Hunnewell Street, Sylmar, California 91342

CAUSE OF DEATH

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

IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease — Unk

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

DUE TO, OR AS A CONSEQUENCE OF: Disease

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? BE-14305

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None

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

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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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

12-1-

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: Dep. Coroner | 35C. DATE SIGNED: 12-31-86

36. DISPOSITION: Burial | 37. DATE—MONTH, DAY, YEAR: Nov. 11, 1986 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Glen Haven Mem Pk 13077 N Lopez Cyn Road, San Fernando, Ca. | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6546 Ken D. Hubbard

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Noble Chapel Funeral Directors | 40B. LICENSE NO.: F 288 | 41. LOCAL REGISTRAR—SIGNATURE: Nancy B. Watts | 42. DATE ACCEPTED BY LOCAL REGISTRAR: NOV 03 1986

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

VS-11 (1-85) 429.2

01-9-3-0385

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

DEC 18 1986

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Director of Health Services and Registrar

Robert & Jewel Ward
221 Mad River Rd
Crescent City, CA 95531

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 5th day of January A.D., 19 87 at 3:17 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 158.

FEE $5.00

Evelyn Biehn, County Clerk
By _____