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MTC 17334-K

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICESOFFICE OF
STATE REGISTRAR
OF VITAL STATISTICSThis is to certify that
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DECEMBER 19, 1986

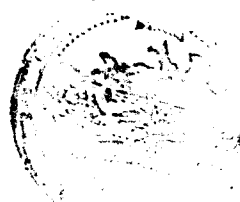
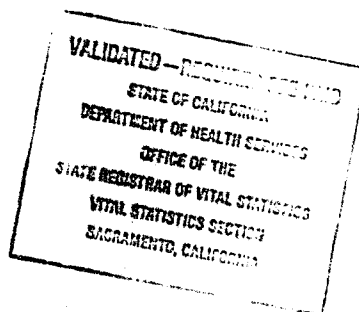
STATE FILE NUMBER		CERTIFICATE OF DEATH		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
86-118701						38619032998	
1A NAME OF DECEDENT - FIRST, MIDDLE, LAST		1B SEX		1C DATE OF BIRTH		1D DATE OF DEATH - MONTH, DAY, YEAR, HOUR, MINUTE	
John Arnold Omberg		Male		October 3, 1920		July 7, 1986 1745	
2 RACE/ETHNICITY		3 PLACE OF BIRTH		4 MARRIAGE STATUS		5 NAME OF SURVIVING SPOUSE OR NEXT OF KIN	
White/American		Canada		Married		Irene M. Johnson	
6 NAME AND BIRTHPLACE OF FATHER		7 NAME AND BIRTHPLACE OF MOTHER		8 SOCIAL SECURITY NUMBER		9 END OF RESIDENCY OR BUSINESS	
John Omberg - Wisconsin		Amanda Dahl - Wisconsin		548-28-2439		Auto Repair	
10 PRIMARY OCCUPATION		11 NUMBER OF YEARS THIS OCCUPATION		12 EMPLOYED OR SELF-EMPLOYED, SO STATE		13 END OF RESIDENCY OR BUSINESS	
Auto Mechanic		40 years		Self Employed		Auto Repair	
14A USUAL RESIDENCE - STREET ADDRESS, STREET AND NUMBER OF LOCATION, CITY, STATE, ZIP		14B CITY OR TOWN		14C STATE		14D ZIP CODE	
8393 Dunbarton Avenue		Los Angeles		California		90045	
15A PLACE OF DEATH		15B COUNTY		15C CITY OR TOWN		15D ZIP CODE	
Residence		Los Angeles		Los Angeles		90045	
16 STREET ADDRESS, STREET AND NUMBER OF LOCATION		16B CITY OR TOWN		16C STATE		16D ZIP CODE	
8393 Dunbarton		Los Angeles		California		90045	
17 DEATH WAS CAUSED BY		18 ENTER ONLY ONE CAUSE FOR LINE 17A, B, AND C		19 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		20 WAS DEATH REPORTED TO CORONER?	
Lung Cancer				2 months		No	
21 OTHER SIGNIFICANT CONDITIONS - (CONDITIONS LEADING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 17A, B, AND C)		22 TIME OF DEATH		23 DATE OF DEATH		24 WAS DEATH REPORTED TO CORONER?	
None		7:13 PM		JUL 7 1986		No	
25A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		25B PHYSICIAN - SIGNATURE AND ADDRESS ON FILE		25C PHYSICIAN'S LICENSE NUMBER		25D DATE OF DEATH	
5-11-86 7-3-86		Marlene D. Ross M.D. 674 E. Paces St. #201 Inglewood, CA 90301		75668 6049884		JUL 7 1986	
26A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW		26B CORONER - SIGNATURE AND ADDRESS ON FILE		26C CORONER'S LICENSE NUMBER		26D DATE OF DEATH	
McCormick Mortuary		McCormick Crematory		5643		JUL 7 1986	
27 DATE - MONTH, DAY, YEAR		28 NAME AND ADDRESS OF CEMETERY OR CREMATORY		29 CEMETERY OR CREMATORY LICENSE NUMBER AND ADDRESS		30 DATE OF DEATH	
7/10/1986		McCormick Crematory		5643		JUL 7 1986	
31 STATE REGISTRAR		32 SIGNATURE		33 DATE		34	
7		X		2		7 5	

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Let: MTC

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STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 5th day of Jan. A.D., 19 87
at 3:17 o'clock P M. and duly recorded
in Vol. M87 of Deeds Page 159
By Evelyn Biehler County Clerk
By [Signature] Deputy.
Fee, \$9.00