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MTC 17334-K

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

State File Number: 86-118701
Local Registration District and Certificate Number: 3861 9032098

DECEDENT PERSONAL DATA

- 1A. Name of Decedent — First: John
- 1B. Middle: Arnold
- 1C. Last: Omberg
- 2A. Date of Death: July 7, 1986
- 2B. Hour: 1745
- 3. Sex: Male
- 4. Race/Ethnicity: White/American
- 5. Spanish/Hispanic: No X
- 6. Date of Birth: October 3, 1920
- 7. Age: 65 years
- 8. Birthplace of Decedent: Canada
- 9. Name and Birthplace of Father: John Omberg - Wisconsin
- 10. Birth Name and Birthplace of Mother: Amanda Dahl - Wisconsin
- 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: 548-28-2439
- 13. Marital Status: Married
- 14. Name of Surviving Spouse: Irene M. Johnson
- 15. Primary Occupation: Auto Mechanic
- 16. Number of Years This Occupation: 40 years.
- 17. Employer (If Self-Employed, So State): Self Employed
- 18. Kind of Industry or Business: Auto Repair

USUAL RESIDENCE

- 19A. Usual Residence — Street Address: 8393 Dunbarton Avenue
- 19C. City or Town: Los Angeles
- 19D. County: Los Angeles
- 19E. State: California
- 20. Name and Address of Informant — Relationship: Irene M. Omberg (Wife), 8393 Dunbarton Avenue, Los Angeles, California 90045

PLACE OF DEATH

- 21A. Place of Death: Residence
- 21B. County: Los Angeles
- 21C. Street Address: 8393 Dunbarton
- 21D. City or Town: Los Angeles

CAUSE OF DEATH

- 22. Death Was Caused By: (A) Lung Cancer — Approximate Interval Between Onset and Death: 2 months
- (B)
- (C)
- 23. Other Significant Conditions: None
- 24. Was Death Reported to Coroner? No
- 25. Was Biopsy Performed? Yes
- 26. Was Autopsy Performed? No
- 27. Was Operation Performed for Any Condition in Items 22 or 23? Type of Operation: Bronchoscopy — Date: 5/29/86 and 7/3/86

PHYSICIAN'S CERTIFICATION

- 28A. Attended Decedent Since: 5-22-86; I Last Saw Decedent Alive: 7-3-86
- 28B. Physician — Signature and Degree or Title: Marlowe D Ross M.D.
- 28C. Date Signed: 7/8/86
- 28D. Physician's License Number: G047784
- 28E. Type Physician's Name and Address: Marlowe D Ross M.D. 644 E. Regent St. #201 Inglewood CA. 90301

INJURY INFORMATION / CORONER'S USE ONLY

- 29. Specify Accident, Suicide, Etc.:
- 30. Place of Injury:
- 31. Injury at Work:
- 32A. Date of Injury:
- 32B. Hour:
- 33. Location:
- 34. Describe How Injury Occurred:
- 35A. Coroner certification:
- 35B. Coroner — Signature and Degree or Title:
- 35C. Date Signed:

DISPOSITION

- 36. Disposition: Cremation
- 37. Date: 7/10/1986
- 38. Name and Address of Cemetery or Crematory: McCormick Crematory, 1795 Laguna Canyon Road, Laguna Beach
- 39. Embalmer's License Number and Signature: 5643 George E. Bird
- 40A. Name of Funeral Director: McCormick Mortuary
- 40B. License No.: 1212
- 41. Local Registrar — Signature: Robert S. Mate
- 42. Date Accepted by Local Registrar: JUL 1986

STATE REGISTRAR: A 7 · B X · C 2

VS-11 (1-86)

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Ref: MTC

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VALIDATED—[illegible]
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE
STATE REGISTRAR OF VITAL STATISTICS
VITAL STATISTICS SECTION
SACRAMENTO, CALIFORNIA

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

Evelyn Biehn County Clerk
By _____ Deputy.

Fee, $9.00