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STATE FILE NUMBER		CERTIFICATE OF DEATH		STATE OF CALIFORNIA		20-055616	
1A. NAME OF DECEDENT—First		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH MONTH DAY YEAR	
Lanty		James		Lockridge		December 3, 1984	
3. SEX		4. RACE/ETHNICITY		5. BIRTHPLACE OF DECEDENT		7. AGE	
Male		White/American		California		70 YEARS	
6. BIRTHPLACE OF DECEDENT		8. NAME AND BIRTHPLACE OF FATHER		9. DATE OF BIRTH		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
California		Lanty Lockridge (Unknown)		August 9, 1914		Alice Prescott, Maine	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME	
U.S.A.		562-12-2673		Widowed		None	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. NAME OF INDUSTRY OR BUSINESS	
Truck Driver		50		Universal Studios		Motion Picture	
19A. USUAL RESIDENCE—STREET ADDRESS, STREET AND ALIAS OR LOCATION		19B. CITY OR TOWN		19C. STATE		19D. ZIP CODE	
15445 Cobalt Street #201		Los Angeles		California		90045	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		21D. ZIP CODE	
St. Joseph Medical Center		Los Angeles		California		90045	
21C. STREET ADDRESS (STREET AND ALIAS OR LOCATION)		21D. CITY OR TOWN		21E. STATE		21F. ZIP CODE	
501 S. Buena Vista Street		Burbank		California		91506	
22. IMMEDIATE CAUSE		23. OTHER IMMEDIATE CAUSE—CONTRIBUTORS TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS DEATH REPORTED TO POLICE?	
Cardiac Respiratory Arrest		Diabetic Mellitus		Yes		Yes	
26. UNDERLYING CAUSE		27. TYPE OF OPERATION		28. DATE WHEN 22D. PHYSICIAN'S LICENSE NUMBER		29. DATE WHEN 22D. PHYSICIAN'S LICENSE NUMBER	
C.H.F.		none		12/4/84		A20212	
30. DATE WHEN 22D. PHYSICIAN'S LICENSE NUMBER		31. DATE WHEN 22D. PHYSICIAN'S LICENSE NUMBER		32. DATE WHEN 22D. PHYSICIAN'S LICENSE NUMBER		33. DATE WHEN 22D. PHYSICIAN'S LICENSE NUMBER	
5/7/82		12/3/84		12/3/84		12/3/84	
34. LOCATION—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		35. DATE OF DEATH—MONTH, DAY, YEAR		36. HOUR		37. DESCRIBE HOW INJURY OCCURRED	
12030 Riverside Dr. N. Hollywood, CA 91607		Dec 6, 1984		11:50		Events which resulted in injury	
38. CORONER—SIGNATURE AND OFFICE OR TITLE		39. DATE WHEN 38. CORONER'S LICENSE NUMBER		40. DATE WHEN 38. CORONER'S LICENSE NUMBER		41. DATE WHEN 38. CORONER'S LICENSE NUMBER	
Charles Dubois		6984		6984		6984	
42. SIGNATURE OF PHYSICIAN		43. DATE WHEN 42. SIGNATURE OF PHYSICIAN		44. DATE WHEN 42. SIGNATURE OF PHYSICIAN		45. DATE WHEN 42. SIGNATURE OF PHYSICIAN	
Charles Dubois		12/3/84		12/3/84		12/3/84	
46. SIGNATURE OF PHYSICIAN		47. DATE WHEN 46. SIGNATURE OF PHYSICIAN		48. DATE WHEN 46. SIGNATURE OF PHYSICIAN		49. DATE WHEN 46. SIGNATURE OF PHYSICIAN	
Charles Dubois		12/3/84		12/3/84		12/3/84	

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11:50 AM and only recorded in 11:50 AM
 on 11/25/84
 Evelyn Bishop
 by

This is a true and certified copy of the record
If it bears the seal, imprinted in purple ink,
of the Registrar-Recorder.

JAN 20 1987

Chas. W. Winkler

REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

Let. Harry L. Lake
Box 3447
San Ysidro, Ca

92073

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 26th day
of February A.D., 19 87 at 11:20 o'clock A M., and duly recorded in Vol. M87
of _____ Deeds on Page 3155

Evelyn Biehn, County Clerk
By Ann Smith

FEE \$9.00