73617

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

KCTC-39770

Vol. M87 Page 17235

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: ALYCE | 1B. MIDDLE: — | 1C. LAST: LINN

3. SEX: female | 4. RACE/ETHNICITY: white | 5. SPANISH/HISPANIC NO: ☒X | 6. DATE OF BIRTH: Dec. 31, 1918

2A. DATE OF DEATH (MONTH, DAY, YEAR): Sept. 29, 1984 | 2B. HOUR: 0020

7. AGE: 66 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Illinois | 9. NAME AND BIRTHPLACE OF FATHER: Leo Benjamin, Missouri | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Flosie Rolfe, Ohio

11. CITIZEN OF WHAT COUNTRY: U.S.A. | 12. SOCIAL SECURITY NUMBER: 283-16-5240 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Lewis C. Linn, Jr.

15. PRIMARY OCCUPATION: Homemaker | 16. NUMBER OF YEARS THIS OCCUPATION: Adult life | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): self | 18. KIND OF INDUSTRY OR BUSINESS: own home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3618 Lomina Avenue | 19B. | 19C. CITY OR TOWN: Long Beach

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

PLACE OF DEATH

21A. PLACE OF DEATH: Woodruff Community Hospital | 21B. COUNTY: Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3800 Woodruff Avenue | 21D. CITY OR TOWN: Long Beach

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Lewis C. Linn, Jr. 3618 Lomina Avenue Long Beach, Ca. Husband

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A): Transitional Cell Carcinoma of

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

DUE TO, OR AS A CONSEQUENCE OF (B): the urinary bladder with extensive Smooth

DUE TO, OR AS A CONSEQUENCE OF (C): Bone and Lung Metastases

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: —

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: — No DATE: —

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.): 4-13-84 | I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 9-28-84

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Eknath Deo MD

28C. DATE SIGNED: 10/1/84 | 28D. PHYSICIAN'S LICENSE NUMBER: A 26505

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Eknath Deo, MD 1760 Termino, Long Beach, Ca.

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

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 | 35C. DATE SIGNED

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: 10-2-84 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Long Beach Cr. 1952 Long Beach Bl., Long Beach, Ca

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: not embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Holton & Son Mortuary | 40B. LICENSE NO.: 32 | 41. LOCAL REGISTRAR—SIGNATURE

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

42. DATE ACCEPTED BY LOCAL REGISTRAR: OCT 2 1984

VS-11 (6-82) 1889

01 : 9 - 1 - 0891

After recording return to:
M. Charles Linn
3618 Lomina Avenue
Long Beach, Calif. 90808

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.

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

OCT 5 1984

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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company of September A.D., 19 87 at 1:43 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 17235. the 22nd day

FEE $5.00

Evelyn Biehn, County Clerk

By