

82337

CERTIFICATE OF DEATH

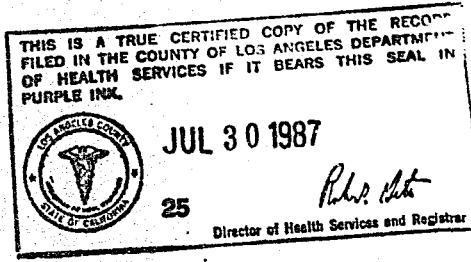
STATE OF CALIFORNIA

Vol. M87

Page

22030

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
1B. MIDDLE		JULY 27, 1987	
1C. LAST		0500	
1D. SEX		7. AGE	
1E. RACE/ETHNICITY		IF UNDER 1 YEAR MONTHS DAYS	
1F. MALE		68 YEARS	
1G. CAU AMERICAN		IF UNDER 24 HOURS HOURS MINUTES	
1H. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
1I. SOUTH DAKOTA		SELMA WESTLING IOWA	
1J. 11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
1K. U.S.A.		504-07-8649	
1L. 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		13. MARITAL STATUS	
1M. 19 41 TO 19 45		DIVORCED	
1N. 15. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
1O. RADIO TECHNICIAN		SELF-EMPLOYED	
1P. 15B. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18. KIND OF INDUSTRY OR BUSINESS	
1Q. 719 SOUTH CHAPEL #E		REPAIR	
1R. 19D. COUNTY		19C. CITY OR TOWN	
1S. LOS ANGELES		ALHAMBRA	
1T. 21A. PLACE OF DEATH		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
1U. RESIDENCE		DOUGLAS DUBRALL SON	
1V. 719 SOUTH CHAPEL #E		1866 MOORE STREET	
1W. 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		SIMI VALLEY, CA 93065	
1X. 21D. CITY OR TOWN			
1Y. ALHAMBRA			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		24. WAS DEATH REPORTED TO CORONER?	
LIVER METASTASIS		NO	
25. WAS BIOPSY PERFORMED?		YES 7/24/86	
26. WAS AUTOPSY PERFORMED?		NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		DATE 7/24/86	
28. TYPE OF OPERATION		Bimches copy	
29. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
NONE		Barry Pachman, M.D.	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28C. DATE SIGNED	
3. 17 87		7/29/87	
30. PLACE OF INJURY		28D. PHYSICIAN'S LICENSE NUMBER	
		A032209	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
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)		35C. DATE SIGNED	
36. DISPOSITION		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
CREMATION		JUL 29 1987	
37. DATE—MONTH, DAY, YEAR		42. DATE ACCEPTED BY LOCAL REGISTRAR	
JULY 30, 1987			
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			
ANGELES ABBEY 1515 E. COMPTON, COMPTON CA			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
NEPTUNE SOCIETY		Rahm. M. M. LIL	
40B. LICENSE NO.		42. DATE ACCEPTED BY LOCAL REGISTRAR	
F-1289			
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
42. DATE ACCEPTED BY LOCAL REGISTRAR			
STATE REGISTRAR			
VS-11 (11-85)			



STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 8th day

Filed for record at request of _____ Juanita DuBrall _____

of _____ December _____ A.D., 19 87 at 3:28 o'clock P. M., and duly recorded in Vol. _____ M87

of _____ Deeds _____ on Page 22030

Evelyn Biehn, County Clerk

By _____

FEE \$5.00

Ret: Juanita DuBrall 9055 E. Ludlow Scottsdale, Arizona 85260