

COUNTY of LAKE

LAKEPORT, CALIFORNIA

CERTIFICATE OF DEATH STATE OF CALIFORNIA

3-87-17-000436

8060

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		GORDON		LEROY		WESTCOTT		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		8. DATE OF BIRTH		7. AGE	
Male		White/American		NP		October 12, 1914		73 YEARS	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
Iowa		John B. Westcott, Illinois		Christina Nachiem, Minnesota		19 N A TO 19 N A		476-01-5014	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME	
U.S.A.		19 N A TO 19 N A		476-01-5014		Married		Ilo Edwards	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
Groundsman		17		East Whittier School Dist.		School District		Lucerne	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH	
6344 10th. Street		Lake		California		Ilo Westcott - Wife		Lakeside Community Hospital	
21A. PLACE OF DEATH		21B. CITY OR TOWN		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Lakeside Community Hospital		Lake		5150 Hill Road		Lakeport		Lucerne, California 95458	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Respiratory Failure				Unknown		Yes / 5054	
		(B) Pulmonary Infarct, Atelectosis, and Emphysema				Unknown		25. WAS BIOPSY PERFORMED?	
		(C)						No	
								26. WAS AUTOPSY PERFORMED?	
								Yes	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS						#6132 Bryan R. Rose	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
Natural Causes									
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		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	
Investigation				DEP		Dep/Coroner		12/7/1987	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. LICENSE NO.	
Burial		Dec. 10, 1987		Rose Hills Mem. Garden, Whittier, Ca.		#6132 Bryan R. Rose		F-311	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR	
Jones Mortuary		F-311		Gene R. Hoke		12-7-87		A. B. C. D. E. F.	

CERTIFIED COPY OF VITAL RECORDS

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STATE OF CALIFORNIA)
COUNTY OF LAKE) SS

DATE ISSUED

DEC 7 1987

This is a true and exact reproduction of the document officially registered and placed on file in the office of the LAKE COUNTY CLERK - RECORDER.

Gene R. Hoke
LAKE COUNTY CLERK - RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk - Recorder.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Crump, Bruchler and Crump the 23rd day of May A.D., 19 88 at 2:20 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 7999

FEE \$10.00

Evelyn Brehn
By Bertha J. Lebach County Clerk