

ATC#03032759

CERTIFICATE OF DEATH

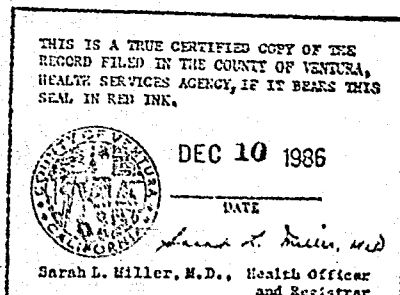
STATE OF CALIFORNIA

5600

3090

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		LEONARD		THOMAS		STOUT		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR			
		3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH		7. AGE	
		MALE		WHITE/AMERICAN		NO		APRIL 10, 1908		78 YEARS	
DECEDENT PERSONAL DATA		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	
		NEBRASKA		THOMAS STOUT		UNKNOWN		ALICE MULLOY ILLINOIS		12. SOCIAL SECURITY NUMBER	
		USA		19 N A TO 19 N A		507-01-3654		MARRIED		13. MARITAL STATUS	
		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATES		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
		CIVIL SERVICE		28		PT. MUGU NAVAL BASE		MILITARY		PORT HUENEME	
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
		310 NORTH 5th STREET						MRS. NELL STOUT WIFE			
		19D. COUNTY		19E. STATE		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
		VENTURA		CALIFORNIA		St. John's Regional Medical Center		Ventura		333 North "F" Street	
		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
		333 North "F" Street		Oxnard		(A) Cardiorespiratory Arrest		Hypotension, Severe Secondary		NO	
						(B) Cor Pulmonale		12-8-86		25. WAS BIOPSY PERFORMED?	
						(C) Obstructive Pulmonary Disease		YES		NO	
										26. WAS AUTOPSY PERFORMED?	
										NO	
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		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		28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29. DATE SIGNED	
						NO		Lawrence E. Permen, M.D.		12-8-86	
								28B. PHYSICIAN'S NAME AND ADDRESS		28C. PHYSICIAN'S LICENSE NUMBER	
								LAWRENCE PERMEN, MD 1200 N VENTURA RD, OXNARD, CA 93030		C 27101	
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
		5-7-81		12-7-86		Lawrence E. Permen, M.D.		12-8-86		C 27101	
		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
INJURY INFORMATION		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	
CORONER'S USE ONLY		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
		BURIAL		DEC. 10, 1986		SANTA CLARA CEMETERY, OXNARD, CA.		NOT EMBALMED			
		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
		JAMES A. REARDON MORTUARY		725		Sarah L. Miller, M.D.		DEC 8 1986			
STATE REGISTRAR		A.		B.		C.		D.		E.	

After recording return to:
Nell Stout
310 North 5th
Port Hueneme, CA 93041



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 28th day of Oct. A.D., 19 88 at 11:20 o'clock A. M., and duly recorded in Vol. M88 of Deeds on Page 18248.

FEE \$8.00

Evelyn Biehn County Clerk

By Doreen Middleton