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Vol. M88 Page 19531

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 38819009116

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: ELBA
1B. MIDDLE: ELIZABETH
1C. LAST: HOLLOWELL
2. SEX: Female
4. RACE/ETHNICITY: White/American
5. SPANISH/HISPANIC: NO
6. DATE OF BIRTH: June 26, 1923
7A. DATE OF DEATH (MONTH, DAY, YEAR): February 19, 1988
7B. HOUR: 1729
7. AGE: 64 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
3. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Texas
8. NAME AND BIRTHPLACE OF FATHER: Floyd L. Simmons Tennessee
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Mary E. Wolfe Tennessee
11A. CITIZEN OF WHAT COUNTRY: U.S.A.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 -- TO 19 --
12. SOCIAL SECURITY NUMBER: 465-32-0982
13. MARITAL STATUS: Divorced
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): - - -
15. PRIMARY OCCUPATION: Repair Person
16. NUMBER OF YEARS THIS OCCUPATION: 25
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): General Telephone Co.
18. KIND OF INDUSTRY OR BUSINESS: Communication

USUAL RESIDENCE

18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2903 Fairman
18B.
18C. CITY OR TOWN: Lakewood
18D. COUNTY: Los Angeles
18E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Doctor's Hospital of Lakewood
21B. COUNTY: Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3700 E. South Street
21D. CITY OR TOWN: Lakewood

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Peggy Hernandez (Daughter) 7925 S. Bright Apt. D Whittier, California 90602

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
(A) Cardiopulmonary Arrest — DUE TO, OR AS A CONSEQUENCE OF
(B) Acute myocardial infarction — DUE TO, OR AS A CONSEQUENCE OF
(C) Arteriosclerotic Heart Disease
Approx. Interval Between Onset and Death: (A) None; (B) Days; (C) Years
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None
24. WAS DEATH REPORTED TO CORONER? No
25. WAS BIOPSY PERFORMED? No
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.): 9/22/85
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 2/19/88
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Wallace E. Morgan MD
28C. DATE SIGNED: 2/22/88
28D. PHYSICIAN'S LICENSE NUMBER: A028151
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Wallace Morgan, MD., 3650 E. South St., Lakewood, 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
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

33A. 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)
33B. CORONER—SIGNATURE AND DEGREE OR TITLE
33C. DATE SIGNED

35. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: Feb. 23, 1988
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Inglewood Park Cemetery 720 E. Florence Ave. Inglewood, Calif.
39A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): White's Funeral Home Inc.
39B. LICENSE NO.: 750
41. LOCAL REGISTRAR—SIGNATURE: Norma Hale
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6143
42. DATE ACCEPTED BY LOCAL REGISTRAR: FEB 22 1988

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

VS-11 (1-88)

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

SEP 15 1988

REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY · CALIFORNIA ·

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wally P. Martin
of Nov. A.D., 19 88 at 12:36 o'clock P M., and duly recorded in Vol. M88, the 18th day
of Deeds on Page 19531.

FEE $8.00
Return: Wally P. Martin
119 N.W. "E" St.,Grants Pass,Or. 97526

Evelyn Biehn County Clerk
By Pauline Mullendore