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Vol. m89 Page 5543

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

08702

COUNTY OF SAN DIEGO, THIS IS A TRUE
DEPT. OF HEALTH SERVICES, FILED.
FEE PAID: \$5.00
DATE ISSUED: DEC. 05, 1986
REGISTRAR OF VITAL STATISTICS
Ronald L. Bonas, M.D.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		11C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR			
Harry		L.		December 1, 1986 2350			
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	IF UNDER 1 MINUTES
Male	Caucasian	NO		62 YEARS	MONTHS	DAYS	HOURS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
KS		Harry Lee Hornbaker-KS		Josephine Harris-KS			
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
USA		557-28-9101		Mary Virginia Edwards			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS			
Engineer		30		Construction			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. STATE		19C. CITY OR TOWN			
1722 Belle Meade		Ca		Encinitas			
19D. COUNTY		21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
San Diego		San Diego		Mary V Hornbaker-wife 1722 Belle Meade Encinitas, Ca 92024			
21A. PLACE OF DEATH		21D. CITY OR TOWN		24. WAS DEATH REPORTED TO CORONER?			
Residence		Encinitas		YES			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21E. STATE		25. WAS BIOPSY PERFORMED?			
1722 Belle Meade		Ca		NO			
22. DEATH WAS CAUSED BY:		22. DEATH WAS CAUSED BY:		26. WAS AUTOPSY PERFORMED?			
IMMEDIATE CAUSE		IMMEDIATE CAUSE		NO			
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATING TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION			
1A) AMYOTROPHIC LATERAL SCLEROSIS 6 MOS.		NONE		NO			
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			
11-20-86		Richard Smith, MD		12/3/86			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		32A. DATE OF INJURY—MONTH, DAY, YEAR			
				12/1/86			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE			
12-4-86				not embalmed			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Cremation		12-4-86		42. DATE ACCEPTED BY LOCAL REGISTRAR			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		DEC 04 1986			
NEPTUNE SOCIETY		F-1352					

STATE OF OREGON: COUNTY OF KLAMATH: SS. Mary Hornb
at 12:00

STATE OF OREGON: COUNTY OF Klamath

Filed for record at request of Mary Hornbaker o'clock PM. and duly recorded
of April of A.D. 19 89 at 12:07 on Page 5543
County Clerk
By Evelyn Biehn Pauline Mulvaney

FEE \$8.00

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Return: Mary Hornbaker
5157 Loma Verde, Oceanside, Ca. 92056