

CERTIFICATION OF VITAL RECORD

MTC 20720

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

RETURN: KEY TITLE

P.O. BOX 59

ROSEBURG, OR 97470

88-111372

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38819027318

AMENDED
1 OF 2

1A. NAME OF DECEDENT—FIRST ALFRED		1B. MIDDLE HOUGHTON		1C. LAST NEWLIN		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER June 1, 1988 2350	
3. SEX Male		4. RACE/ETHNICITY Caucasian		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH March 20, 1911	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Albert Dooley Newlin-Indiana		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Pearl Houghton-California		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Alice Gearhart	
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 n/a to 19 n/a		12. SOCIAL SECURITY NUMBER 560-01-3106		13. MARITAL STATUS Married	
15. PRIMARY OCCUPATION Foreman		16. NUMBER OF YEARS THIS OCCUPATION 20		17. EMPLOYER IF SELF-EMPLOYED, SO STATE Pacific Missile Range		18. KIND OF INDUSTRY OR BUSINESS Tool & Dye	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Star Route		19B. CITY OR TOWN Ventura		19C. CITY OR TOWN Frazier Park		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Alice Newlin-Wife Star Route Frazier Park, California 93225	
21A. PLACE OF DEATH Astoria Convalescent Hospital		21B. COUNTY Los Angeles		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 14040 Astoria		21D. CITY OR TOWN Sylmar	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiorespiratory Failure (B) Pancytopenia with Hypercellular Bone Marrow (C) Myelodysplastic Syndrome		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Hodgkins Disease (Cured, 1981)		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Bone Marrow		28. DATE SIGNED 1986	
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.) 8-21-81		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE P. Chatham M.D.		28C. DATE SIGNED 6-10-88		28D. PHYSICIAN'S LICENSE NUMBER A32433	
29. SPECIFY ACCIDENT, SUICIDE, ETC. 5-26-88		30. PLACE OF INJURY Philip L. Chatham, M.D.		31. INJURY AT WORK 10515 Balboa Blvd. #240		32A. DATE OF INJURY—MONTH, DAY, YEAR Granada Hills, Calif.	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 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)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED 35D. EMBALMER'S LICENSE NUMBER AND SIGNATURE		35E. DATE SIGNED Not Embalmed	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR June 14, 1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Chapel of the Pines, Los Angeles, Calif.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Pierce Brothers Westwood Village		40B. LICENSE NO. F-951		41. LOCAL REGISTRAR—SIGNATURE ASH		42. DATE ACCEPTED BY LOCAL REGISTRAR JUN 13 1988	
STATE REGISTRAR 4		B. 15		C. 2		F. 01-9-1-0542	

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: *David W. Mitchell*
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED

MAY 19 1989

086590

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

9339

88-111372

AFFIDAVIT TO AMEND A RECORD

38819027318

STATE CERTIFICATE NUMBER

☐ BIRTH

☒ DEATH

☐ FETAL DEATH

☐ MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. FIRST NAME Alfred		1B. MIDDLE NAME Houghton	1C. LAST NAME Newlin
	2. SEX Male	3. DATE OF EVENT June 1, 1988	4. PLACE OF OCCURRENCE—CITY AND COUNTY Sylmar Los Angeles	
	5. NAME OF FATHER Albert Dooley Newlin		6. BIRTH NAME OF MOTHER Pearl Houghton	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER 19d	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD Ventura	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE 19d Kern
REASON FOR CORRECTION	9. to correct the information above		

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT 	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Mortuary Manager	12. AGE OF PERSON COMPLETING THE AFFIDAVIT Adult
	13. DATE SIGNED July 12, 1988	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1218 Glendon Avenue Los Angeles, California 90024	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT 	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Secretary	17. AGE OF PERSON COMPLETING THE AFFIDAVIT Adult
	18. DATE SIGNED July 12, 1988	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1218 Glendon Avenue Los Angeles, California 90024	
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED AUG 30 1988	21. OFFICE OF THE STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-85) FORM VS-24

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Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by:
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED

MAY 19 1989

086589

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 30th day of May A.D., 19 89 at 11:39 o'clock AM., and duly recorded in Vol. M89 of Deeds on Page 9338.

FEE \$13.00

Return: M.T.C.

Evelyn Biehn, County Clerk

By