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2958

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

- 1A. NAME OF DECEDENT—FIRST (GIVEN): CLARENCE
- 1B. MIDDLE: WILLIAM
- 1C. LAST (FAMILY): SMITH
- 2A. DATE OF DEATH—MONTH, DAY, YEAR: January 15, 1989
- 2B. HOUR: 1830
- 3. SEX: M
- 4. RACE: Caucasian
- 5. SPANISH/HISPANIC: ☐ YES ☒ NO
- 6. DATE OF BIRTH—MONTH, DAY, YEAR: December 8, 1917
- 7. AGE IN YEARS: 71
- 8. STATE OF BIRTH: CA
- 9. CITIZEN OF WHAT COUNTRY: U.S.A.
- 10A. FULL NAME OF FATHER: Charles Clifford Smith
- 10B. STATE OF BIRTH: KS
- 11A. FULL MAIDEN NAME OF MOTHER: Eunice Hayley
- 11B. STATE OF BIRTH: TX
- 12. MILITARY SERVICE? 19 — TO 19 — ☒ NONE
- 13. SOCIAL SECURITY NUMBER: 567-01-0473
- 14. MARITAL STATUS: Married
- 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Anna Creech
- 16A. USUAL OCCUPATION: Maintenance Forman
- 16B. USUAL KIND OF BUSINESS OR INDUSTRY: Petroleum Production
- 16C. USUAL EMPLOYER: Sun Oil
- 16D. YEARS IN USUAL OCCUPATION: 28
- 17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+): 12

USUAL RESIDENCE

- 18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 1139 East Ocean Avenue #207
- 18B. CITY: Long Beach
- 18C. ZIP CODE: 90802
- 18D. COUNTY: Los Angeles
- 18E. NUMBER OF YEARS IN THIS COUNTY: 71
- 18F. STATE OR FOREIGN COUNTRY: California
- 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Anna Smith - Wife, 1139 East Ocean Avenue #207, Long Beach, CA 90802

PLACE OF DEATH

- 19A. PLACE OF DEATH: Long Beach Memorial Hospital
- 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
- 19C. COUNTY: Los Angeles
- 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 2801 Atlantic Avenue
- 19E. CITY: Long Beach

CAUSE OF DEATH

- 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT
- IMMEDIATE CAUSE (A): Hepatic Failure — TIME INTERVAL BETWEEN ONSET AND DEATH: Days
- DUE TO (B): Cirrhosis, Non-laennec — Years
- DUE TO (C):
- 22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO — REFERRAL NUMBER
- 23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO
- 24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
- 24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO
- 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Idiopathic Thrombocytopenia
- 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR: 11-9-88 TYPE: Splenectomy

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

- 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR: 10-21-74; DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 1-15-89
- 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: [signature] MD
- 27C. PHYSICIAN'S LICENSE NUMBER: G 2634
- 27D. DATE SIGNED: 1-16-89
- 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Levane E. Sansum, M.D. 2865 Atlantic Ave #227 Long Beach, CA 90806

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

- 28A. SIGNATURE OF CORONER OR DEPUTY CORONER
- 28B. DATE SIGNED
- 29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined
- 30A. PLACE OF INJURY
- 30B. INJURY AT WORK ☐ YES ☐ NO
- 30C. DATE OF INJURY MONTH, DAY, YEAR
- 31. HOUR
- 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)
- 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 34A. DISPOSITION: Burial
- 34B. PLACE OF FINAL DISPOSITION: Eternal Valley Memorial Park 23287 N. Sierra Hwy Newhall, CA
- 34C. DATE OF DISPOSITION MONTH, DAY, YEAR: Jan. 19, 1989
- 35A. SIGNATURE OF EMBALMER: Glady E Warren
- 35B. LICENSE NUMBER: 7376
- 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Eternal Valley Mortuary
- 36B. LICENSE NO.: F-1163
- 37. SIGNATURE OF LOCAL REGISTRAR
- 38. REGISTRATION DATE: JAN 19 1989
- CENSUS TRACT

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

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 1-89)

'89 JUL 25 AM 10 27

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:
Shearson, Lehman & Hutton
on this 25th day of July A.D., 19 89
at 10:27 o'clock A.M. and duly recorded
in Vol. M89 of Deeds Page 13507
Evelyn Biehn County Clerk
By [signature] Deputy.

Fee, $8.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE CITY OF LONG BEACH DEPARTMENT OF PUBLIC HEALTH IF IT BEARS THIS STAMP IN PURPLE INK.

JAN 24 1989

[signature] M.D.
INITIAL Health Officer and Registrar

Return: Shearson, Lehman & Hutton
P.O. Box 14093
Orange, Ca. 92668