4880

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — DEPARTMENT OF HEALTH SERVICES — STATE REGISTRAR OF VITAL STATISTICS

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DECEDENT PERSONAL DATA

1. NAME OF DECEASED - FIRST NAME	1a. MIDDLE NAME	LAST NAME	2. DATE OF DEATH (MONTH, DAY, YEAR)	2a. HOUR
VERA	LOUISE	FUGERE	APRIL 12, 1977	3:12 P.M.
3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)
Female	Cauc.	California	June 7, 1930	46 YEARS
8. NAME AND BIRTHPLACE OF FATHER		MAIDEN NAME AND BIRTHPLACE OF MOTHER		
Robert McCallum - Canada		Esther Robinson - Nebraska		
9. CITIZEN OF WHAT COUNTRY	10. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (WIFE, HUSBAND)	
U.S.A.	572-34-9485	Married	Francis Fugere	
14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. KIND OF INDUSTRY OR BUSINESS	
Assembler	5	Motron Electronics	Electronics Mfg.	

PLACE OF DEATH

17a. PLACE OF DEATH — NAME OF HOSPITAL OR OTHER INSTITUTION	17b. STREET ADDRESS (NUMBER AND STREET OR RURAL ROUTE)	17c. INSIDE CITY LIMITS?	
Northridge Hospital	18300 Roscoe Blvd.	Yes	
17d. CITY OR TOWN	17e. COUNTY	Life I	Life II
Northridge	Los Angeles		

USUAL RESIDENCE

18a. USUAL RESIDENCE — STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18b. INSIDE CITY LIMITS?	20. NAME AND MAILING ADDRESS OF INFORMANT
7537 Forbes Avenue	Yes	Francis Fugere
18c. CITY OR TOWN	18d. COUNTY	18e. STATE	7537 Forbes Avenue
Van Nuys	Los Angeles	California	Van Nuys, Calif. 91406

PHYSICIAN OR CORONER CERTIFICATION

21. PHYSICIAN	21a. PHYSICIAN'S LICENSE NUMBER	22. DATE SIGNED	23. ACTUAL OR PRESUMED DATE OF DEATH	24. DATE ACCEPTED BY CORONER
	2/3/71	4-12-77	4-11-77	4-13-77
25. ADDRESS				26. CORONER'S CASE NO.
			VAN NUYS, CA 91406	G-13349

FUNERAL DIRECTOR AND LOCAL REGISTRAR

27. METHOD OF DISPOSITION	27a. DATE	28. NAME OF CEMETERY OR CREMATORY	29. LOCAL REGISTRAR — SIGNATURE	29a. DATE RECEIVED BY REGISTRAR
Cremation	Apr.15,77	Chapel Of The Pines	Alan L. White 6745	APR 14 1977
30. NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		31. EMBALMER		
Pierce Brothers Van Nuys		No		

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

32. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	HEPATIC COMA	1WK.
DUE TO OR AS A CONSEQUENCE OF (B)	HEPATIC ENCEPHALOPATHY	2MO.
DUE TO OR AS A CONSEQUENCE OF (C)	LAENNEC'S CIRRHOSIS	15YRS.
32. PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE GIVEN IN PART I.	NUTRITIONAL ANEMIA	

INJURY INFORMATION

33. DATE OF INJURY (MONTH, DAY, YEAR)	33a. HOUR	34. WAS INJURY AT WORK?	35. DESCRIBE HOW INJURY OCCURRED	36. IF TRANSPORTATION INJURY, STATE DRIVER, PASSENGER, PEDESTRIAN, ETC.
		No	NO	
37. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				

STATE REGISTRAR

A	B	C	D	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEE $2.00

APR 15 1977

Lisbon A. Witherill, Director of Health Services and Registrar

Return to:
First American Title
520 North Central Ave
Glendale, Ca. 91203

Attn: Gloria

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 6th day of Sept. A.D., 19 89 at 3:45 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 16784.

Evelyn Biehn, County Clerk

By Pauline Muellenaere

FEE $8.00