

SD081

ASPEN 8772 CERTIFICATE OF DEATH

STATE REGISTRATION DISTRICT AND CERTIFICATE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME		2a. DATE OF DEATH—MONTH DAY YEAR	
CLIFFORD		CLAYTON		August 25, 1972	
3. SEX		4. COLOR OR RACE		5. BIRTHPLACE	
Male		White		Ohio	
6. DATE OF BIRTH		7. AGE		8. YEARS	
April 14, 1902		70			
9. NAME AND BIRTHPLACE OF FATHER		10. MAIDEN NAME AND BIRTHPLACE OF MOTHER			
Clayton Frazier; Ohio		Maude Cline; Ohio			
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. NAME OF SURVIVING SPOUSE	
USA		573-30-4420		Margaret Sterner	
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM	
Police Lieutenant		31		Glendale Police Dept.	
17. KIND OF INDUSTRY OR BUSINESS		18. NAME OF LAST EMPLOYING COMPANY OR FIRM		19. KIND OF INDUSTRY OR BUSINESS	
Law Enforcement					
20. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		21. STREET ADDRESS—STREET AND NUMBER OR LOCATION		22. INSIDE CITY CORPORATE LIMITS	
Memorial Hospital of Glendale		1420 So. Central Ave.		Yes	
23. CITY OR TOWN		24. COUNTY		25. STATE	
Glendale		Los Angeles		Calif.	
26. USUAL RESIDENCE—STREET ADDRESS—STREET AND NUMBER OR LOCATION		27. INSIDE CITY CORPORATE LIMITS		28. NAME AND MAILING ADDRESS OF NEXT OF KIN	
1009 Mariposa St.		Yes		Margaret Frazier	
29. CITY OR TOWN		30. COUNTY		31. STATE	
Glendale		Los Angeles		Calif.	
32. PHYSICIAN OR CORONER		33. PHYSICIAN OR CORONER		34. ADDRESS	
Robert M. Frazier		Robert M. Frazier		1100 W. Glenoaks	
35. NAME OF CEMETERY OR CREMATORY		36. EMBALMER—SIGNATURE		37. EMBALMER—LICENSE NUMBER	
Grand View Crematory		Robert M. Frazier		5294	
38. NAME OF FUNERAL DIRECTOR (FOR PREVIEW SEEING AS SUCH)		39. LOCAL REGISTRATION DISTRICT		40. DATE OF DEATH	
Kiefer & Everick Mortuary		1		AUG 25 1972	
41. PART I: DEATH WAS CAUSED BY		42. IMMEDIATE CAUSE		43. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C	
A. Pulmonary Embolism					
B. DUE TO OR AS A CONSEQUENCE OF					
C. DUE TO OR AS A CONSEQUENCE OF					
44. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		45. HAD PREVIOUSLY BEEN OPERATING IN THIS BUSINESS		46. DATE OF DEATH	
Hypertension, Atherosclerosis, Coronary Artery Disease		No		AUG 25 1972	
47. SPECIFY ACCIDENT—WAS OR WAS NOT		48. PLACE OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR COUNTY		49. DATE OF INJURY	
No		1420 So. Central Ave., Glendale		AUG 25 1972	
50. PLACE OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR COUNTY		51. DATE OF INJURY		52. HOUR	
1420 So. Central Ave., Glendale		AUG 25 1972		10:00	
53. INJURY AT WORK		54. DATE OF INJURY		55. HOUR	
No		AUG 25 1972		10:00	
56. INJURY AT WORK		57. DATE OF INJURY		58. HOUR	
No		AUG 25 1972		10:00	
59. INJURY AT WORK		60. DATE OF INJURY		61. HOUR	
No		AUG 25 1972		10:00	
62. INJURY AT WORK		63. DATE OF INJURY		64. HOUR	
No		AUG 25 1972		10:00	
65. INJURY AT WORK		66. DATE OF INJURY		67. HOUR	
No		AUG 25 1972		10:00	
68. INJURY AT WORK		69. DATE OF INJURY		70. HOUR	
No		AUG 25 1972		10:00	
71. INJURY AT WORK		72. DATE OF INJURY		73. HOUR	
No		AUG 25 1972		10:00	
74. INJURY AT WORK		75. DATE OF INJURY		76. HOUR	
No		AUG 25 1972		10:00	
77. INJURY AT WORK		78. DATE OF INJURY		79. HOUR	
No		AUG 25 1972		10:00	
80. INJURY AT WORK		81. DATE OF INJURY		82. HOUR	
No		AUG 25 1972		10:00	
83. INJURY AT WORK		84. DATE OF INJURY		85. HOUR	
No		AUG 25 1972		10:00	
86. INJURY AT WORK		87. DATE OF INJURY		88. HOUR	
No		AUG 25 1972		10:00	
89. INJURY AT WORK		90. DATE OF INJURY		91. HOUR	
No		AUG 25 1972		10:00	
92. INJURY AT WORK		93. DATE OF INJURY		94. HOUR	
No		AUG 25 1972		10:00	
95. INJURY AT WORK		96. DATE OF INJURY		97. HOUR	
No		AUG 25 1972		10:00	
98. INJURY AT WORK		99. DATE OF INJURY		100. HOUR	
No		AUG 25 1972		10:00	

DECEDENT PERSONAL DATA

PLACE OF DEATH

USUAL RESIDENCE

PHYSICIAN'S CERTIFICATION

FUNDING DIRECTOR AND LOCAL REGISTRAR

CAUSE OF DEATH

INJURY INFORMATION

STATE REGISTRAR

MEDICAL AND HEALTH DATA

MEDICAL AND HEALTH DATA

MEDICAL AND HEALTH DATA



Return to

RE/MAX
 Rancho California
 an independent member, broker

cathi walton
 escrow officer

MLS



THIS IS A TRUE CERTIFIED COPY OF THE RECORD
 FILED IN THE LOS ANGELES COUNTY HEALTH DEPART-
 MENT IF IT BEARS THE SEAL IMPRINTED
 IN PURPLE INK.

AUG 29 1972

Gabele's Health M.D.

G. A. Heidebrecht, M.D., M.P.H., Health Officer and Registrar



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Titel Co. the 6th day
 of Oct. A.D., 19 89 at 3:49 o'clock P.M., and duly recorded in Vol. M89
 of Deeds on Page 19001.

Evelyn Biehn County Clerk
 By *Pauline Mullens*

FEE \$13.00

RECEIVED