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CERTIFICATE OF DEATH 3397 3160

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: MURRAY
1b. MIDDLE NAME: ALLEN
1c. LAST NAME: BUTLER
2a. DATE OF DEATH—MONTH, DAY, YEAR: September 4, 1973
2b. HOUR: 10:17 P.M. DOA
3. SEX: Male
4. COLOR OR RACE: Caucasian
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
6. DATE OF BIRTH: November 12, 1913
7. AGE (LAST BIRTHDAY): 59 YEARS
8. NAME AND BIRTHPLACE OF FATHER: Bing Butler Unknown
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Florence Unknown Indiana
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 304-05-0747
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mary Unknown
14. LAST OCCUPATION: Sheet Metal Worker
15. NUMBER OF YEARS IN THIS OCCUPATION: 40
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): National Tool & Dye Co
17. KIND OF INDUSTRY OR BUSINESS: Sheet Metal Mfg.

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Lakeview Hospital
18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 21220 Walnut
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no
18d. CITY OR TOWN: Elsinore (Sedco Hills)
18e. COUNTY: Riverside
18f. LENGTH OF STAY IN COUNTY OF DEATH: 7 days
18g. LENGTH OF STAY IN CALIFORNIA: 25 YEARS

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 21312 Nactor Avenue
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
19c. CITY OR TOWN: Lakewood
19d. COUNTY: Los Angeles
19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Charles Butler, 17572 Grand Ave, Elsinore, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN Investigation (INVESTIGATION OR INQUEST)
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
21c. SIGNATURE AND DEGREE OR TITLE: James S. Coroner, Coroner, By: [signature] Deputy
21d. DATE SIGNED: 9-5-73
21e. ADDRESS: Riverside, California
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial at Sea Cremation
22b. DATE: September 11, 1973
23. NAME OF CEMETERY OR CREMATORY: Live Oak Crematory, Monrovia, California
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Glenn H. Halder #46..
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Gates, Kinglsey and Gates, Santa Monica, California
26. IF NOT CERTIFIED BY CORONER, WAS DEATH REPORTED TO CORONER?
27. LOCAL REGISTRAR—SIGNATURE: [signature] M.D.
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: SEP 14 1973

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A): Coronary artery occlusion
DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF (C): [signature] M.D. 2215 7 IX 73

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): no
32a. AUTOPSY (SPECIFY YES OR NO): yes
32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO): yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)
35. INJURY AT WORK (SPECIFY YES OR NO)
36a. DATE OF INJURY—MONTH, DAY, YEAR
36b. HOUR
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)
39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

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

REV. 1-1-66 FORM VS-11

Date of Amendments, If any

This is a true certified copy of the facts of the above record as registered in the Riverside County Health Department, if it bears the seal of the Vital Statistics Registrar, imprinted in purple ink.

SEP 17 1973

DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS REGISTRAR COUNTY OF RIVERSIDE, CAL.

[signature] M.D.

Harold M. Erickson, M.D., M.P.H., Director of Public Health

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mark P. Scully the 22nd day of Nov. A.D., 19 89 at 1:41 o'clock P M., and duly recorded in Vol. M89 of Deeds on Page 22615

Evelyn Biehn County Clerk

By [signature]

FEE $8.00

Return: Mark P. Scully
P.O. Box 804, Topanga, Ca. 90290