ASPEN 34598 Vol M89 Page 24920

9475

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)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
REX	EMMET	BOYCE	SEPTEMBER 27 1989	0510	MALE

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
WHITE	☐ YES ☒ NO	SEPTEMBER 8, 1939	50		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
OH	USA	EMMET D. BOYCE	OH	BERNETTA QUATMAN	OH

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	287-34-011[illegible]	MARRIED	KAREN PETCHOUIN

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
DESIGNER ENGINEER	ENGINEERING	XEROX	25	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
27372 SECO CANYON RD.	SAUGUS	91350

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	26	CALIFORNIA	NORMAN BEARD - BROTHER IN LAW 5801 CALLE REAL, GOLETA, CA. 93117

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
RESIDENCE	—	LOS ANGELES		☐ YES ☒ NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	23. WAS BIOPSY PERFORMED?
27372 SECO CANYON ROAD	SAUGUS	☐ YES ☒ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH	24A. WAS AUTOPSY PERFORMED?	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?
IMMEDIATE CAUSE	(A) Cardiopulmonary Arrest.	min	☐ YES ☒ NO	☐ YES ☒ NO
DUE TO	(B) Liver failure	min		
DUE TO	(C) Alcoholic Hepatitis	4 yrs		

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
None	NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
	[signature] MD	A 28415	10-2-89

27A. DECEDENT ATTENDED SINCE MONTH. DAY. YEAR	DECEDENT LAST SEEN ALIVE MONTH. DAY. YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	28B. DATE SIGNED
10-24-1987	9-25-89	L. R. Leiter M.D 27141 Hidaway Cyn Country CA. L.B. LEITER M.D.	

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH. DAY. YEAR	31. HOUR
		☐ YES ☐ NO		

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
	OCT 3 1989	David Sessions	7653

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
BURIAL	FOREST LAWN MEMORIAL PARK LOS ANGELES, CA. 90068	[signature]	OCT 3 1989

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.
FOREST LAWN HOLLYWOOD HILLS MTY.	F 904

12

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
						01-1219-1 7005

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 3-89) 3711

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.

OCT 3 1989

42 [signature]

Director of Health Services and Registrar

89 DEC 27 PM 10 53

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 27th day of December A.D., 19 89 at 10:53 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 24920.

Evelyn Biehn County Clerk

By Bernetha L. Gelsch

FEE $8.00

Return: Aspen Title