11259 '90 FEB 12 AM 11 45 Vol M90 Page 2837

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: ROVAL
1B. MIDDLE: CARTER
1C. LAST: WILLIAMS
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
3. SEX: Male
4. RACE: Black
5. ETHNICITY: ----
6. DATE OF BIRTH: July 28, 1942
2A. DATE OF DEATH (MONTH, DAY, YEAR): January 14, 1980
2B. HOUR: 0220
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California
9. NAME AND BIRTHPLACE OF FATHER: Roval Carter - California
7. AGE: 37 YEARS; IF UNDER 1 YEAR MONTHS; DAYS; IF UNDER 24 HOURS HOURS; MINUTES
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 573-56-5644
13. MARITAL STATUS: Never Married
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Christine Williams-California
15. PRIMARY OCCUPATION: Disabled Veteran
16. NUMBER OF YEARS THIS OCCUPATION: Unknown
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): U.S. Army
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): ----
18. KIND OF INDUSTRY OR BUSINESS: Military

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4024 Ursula Street
19B.
19C. CITY OR TOWN: Los Angeles
19D. COUNTY: Los Angeles
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: LAC USC MEDICAL CENTER
21B. COUNTY: LOS ANGELES
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1200 N. STATE STREET
21D. CITY OR TOWN: LOS ANGELES
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Christine P. Gibbons- Mother
423 Rose Avenue
Santa Barbara, Calif. 93101

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE: (A) HEMORRHAGE
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF: (B) MULTIPLE SHOTGUN WOUNDS OF ARM AND LEG
DUE TO, OR AS A CONSEQUENCE OF: (C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? 80-558
25. WAS AUTOPSY PERFORMED? NO
26. WAS AUTOPSY RECOMMENDED? YES
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: CHRONIC RENAL FAILURE (TRAUMATIC)
27. WAS OPERATION PERFORMED? TYPE OF OPERATION: PERITONEAL DIALYSIS 1-13-80 OPEN REDUCTION OF FRACTURE OF FEMUR

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.) / I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER
25E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.: HOMICIDE
30. PLACE OF INJURY: STREET
31. INJURY AT WORK: NO
32A. DATE OF INJURY—MONTH, DAY, YEAR: JANUARY 12, 1980
32B. HOUR: 2345 approx
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): 2332 THURMAN AVE., LOS ANGELES
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): AS ABOVE

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) H. MISSION RD. LOS ANGELES, CALIF. 90033
35B. CORONER—SIGNATURE AND DEGREE OR TITLE: THOMAS T. NOGUCHI, M.D., CORONER DEPUTY
35C. DATE SIGNED: 1-17-80

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 1-21-80
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Santa Barbara Cemetery, Santa Barbara, Ca.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6660
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Welch-Ryce-Haider Funeral Chapels
41. LOCAL REGISTRAR—SIGNATURE
DATE ACCEPTED BY LOCAL REGISTRAR: JAN 18 1980

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

VS-11 (10-78)

04-7-1-122

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.

JAN 29 1980

FEE $5.00

Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Towle Products, Inc.
of Feb. A.D., 19 90 at 1:45 o'clock AM., and duly recorded in Vol. M90, the 12th day
of Deeds on Page 2837

FEE $8.00
Return: Towle Products, Inc.
P.O. Box 994, Pebble Beach, Ca. 93953

Evelyn Biehn County Clerk
By Pauline Mullendore