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MTC 23393-DN

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 3000-07789
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Buel	L.	Austin	August 24, 1983	1651

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HOURS: HOURS, MINUTES)
Male	White	NO X	May 13, 1908	75

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
MO	Cassin Austin-WI	Nellie Lindsey- MO

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	509-09-2086	Married	Ethel G. Winteri

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Machinic	40	Conrock Redi-Mix	Redi-Mix Cement

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
10866 Westminster Avenue #35		Garden Grove

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Orange	California	Ethel G. Austin- Wife 10866 Westminster Avenue #35 Garden Grove, California

21A. PLACE OF DEATH	21B. COUNTY
Kaiser Foundation Hospital	Orange

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
441 Lakeview Avenue	Anaheim

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiogenic Shock	8/23/83
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B)	Acute Myocardial Infarctn.	8/23/83
DUE TO, OR AS A CONSEQUENCE OF (C)	Arteriosclerotic Cardiovascular Disease	1982

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	No	No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	DATE
Acute Renal Failure.	No	

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. (ATTENDED DECEDENT SINCE / LAST SAW DECEDENT ALIVE) (ENTER MO., DA., YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
8/10/83 / 8/24/83	Charles Kellerman MD	8/25/83	G036236
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Charles Kellerman M.D. 411 No. Lakeview Anaheim, Calif		

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

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)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OTHER PLACE) AND LOCATION (CITY OR TOWN, STATE)	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Aug. 27, 1983	WESTMINSRER MEMORIAL PARK 14801 Beach Blvd., Westminster, CA	6940

40A. NAME AND ADDRESS OF FACILITY OR PERSON ACTING (IF OTHER THAN ABOVE)	40B. LICENSE NO.	41. LOCAL REGISTRAR'S SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
PEEK FAMILY COLONIAL F.H. Westminster, California	F 946		AUG 26 1983

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

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: $4.00 ☐ No Fee Veterans Purposes ☐

Date: AUG 29 1983

Santa Ana, California

Health Officer and Local Registrar of Births and Deaths of Orange County

RETURN TO:
Ethel G. Austin
556 Sonora Ct
Ontario, CA 91761

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title co.
on this 23rd day of April A.D., 19 90
at 3:03 o'clock P M. and duly recorded
in Vol. M90 of Deeds Page 7559.
Evelyn Biehn County Clerk
By Doreene Muelendore
Deputy.

Fee, $8.00