CERTIFICATION OF VITAL RECORD

Aspen Title #01034817

14835

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES Vol. M90 Page 9169

79-143881

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600 06580
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

AKA

1A. NAME OF DECEDENT—FIRST: LYNNWOOD LYNN
1B. MIDDLE: SISCHO WOOD
1C. LAST: JOHNSTON
2A. DATE OF DEATH (MONTH, DAY, YEAR): DECEMBER 4, 1979
2B. HOUR: 1545
3. SEX: MALE
4. RACE: WHITE
5. ETHNICITY: 0
6. DATE OF BIRTH: JANUARY 14, 1918
7. AGE: 61 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): WASHINGTON
9. NAME AND BIRTHPLACE OF FATHER: LEONARD H. JOHNSTON – KANSAS
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: PEARL SISCHO – WASHINGTON
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: 562-20-6641
13. MARITAL STATUS: MARRIED
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): LA VAUGHN DAVIS
15. PRIMARY OCCUPATION: ATTORNEY
16. NUMBER OF YEARS THIS OCCUPATION: 34
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): SELF-EMPLOYED
18. KIND OF INDUSTRY OR BUSINESS: LAW
19C. CITY OR TOWN: DOWNEY

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 9002 ARRINGTON AVENUE
19B. (not used)
19D. COUNTY: LOS ANGELES
19E. STATE: CALIFORNIA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: MRS. LA VAUGHN JOHNSTON (WIFE), 9002 ARRINGTON AVE., DOWNEY, CALIFORNIA 90240

PLACE OF DEATH

21A. PLACE OF DEATH: REDLANDS COMMUNITY HOSPITAL
21B. COUNTY: SAN BERNARDINO
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 350 TERRACINA BLVD.
21D. CITY OR TOWN: REDLANDS

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF (B): ARTERIOSCLEROTIC HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF (C):
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINUTES / YEARS
24. WAS DEATH REPORTED TO CORONER? YES
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: DIABETES MELLITUS
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO DATE:

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
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

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)

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): INVESTIGATION
35B. CORONER—SIGNATURE AND DEGREE OR TITLE: BILL HILL, CORONER BY Lee Pierce
35C. DATE SIGNED: 12/6/79
CORONER'S LICENSE NUMBER AND SIGNATURE: Gail Root 4569

36. DISPOSITION: CREMATION
37. DATE—MONTH, DAY, YEAR: DEC. 7, 1979
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: RIVERSIDE CREMATORY, RIVERSIDE, CALIFORNIA
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): F. ARTHUR CORTNER CHAPEL
41. LOCAL REGISTRAR—SIGNATURE: P. B. Mahoney M.D. Lee
42. DATE ACCEPTED BY LOCAL REGISTRAR: 12-6-79

STATE REGISTRAR: A. 1 | B. 19 | C. 1 | D. 0 | E. 410X | F.

'90 MAY 14 PM 4 08

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.
Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED MAR 19 1990

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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 14th day of May A.D., 19 90 at 4:08 o'clock P.M., and duly recorded in Vol. M90, of Deeds on Page 9169.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00

Return: A.T.C.