							\/	al me	D Pa	30e_	220	40	
	22179-		CERT	CERTIFICATE OF DEATH					ol. <u>m90</u> Page <u>22040</u> 3-88-17-000260 <u>430</u>				
INDEXED STATE FILE NUMBER			 :	STATE C	TE OF CALIFORNIA			CAL REGISTRATION DISTRICT AND CERTIF			ATTRICATE NO.	HOUR	
	1A NAME OF DECEDENT-FIRST		1		Parker				6, 19			925	
DECEDENT PERSONAL DATA	Lee A RACE/ETHNICITY		Elmond 5. SPANISH	/HISPANIC				7. AGE	IP UNDE	R 1 YEAR	IF UNDER 24	HOURS	
	Male White		NO LX		September 10, 1			70 year	1	1	OF MOTHER		
	8. BIRTHPLACE OF DE	CEDENT	9. NAME AND BUTHPLAC					10. BIRTH NAME AND BURTHPLACE OF MOTHER Hazel DeEtte - VT					
	CA		Lee D. Parl	ter - l	- UTIK SOCIAL SECURITY NUMBER 13. MARITAL STATUS			14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER					
	11A. CITIZEN OF WHAT COUNTRY USA	MELITARY GIV	EASED WAS EVER IN E DATES OF SERVICE. 9 TO 19 7.0	562-	62-14-9701 Mars			Happy	N. Ra	debau	gh		
	15. PRIMARY OCCUPAT	ION	16. NUMBER OF YEARS THIS OCCUPATION 26 Years	i	U. S. Navy			Milit	ary				
	PNCM - Ret	a-streat A	DORESS (STREET AND NUM					Lakeport					
USUAL RESIDENCE	3931 Hill	119E					ND ADDRESS OF INFORMANT—HELATIONSHIP						
	Lake				California Happy				N. Parker - Wife				
PLACE OF DEATH	21A. PLACE OF DEA	1	T -1				Hill Road East port, California 95453						
	Residence 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				Lake Lakep			oll, dallionna v					
	3931 Hill Road East Lakeport 3931 Hill Road East Lakeport								г	24 WAS	DEATH REPO	RTED	
	22 DEATH WAS CA	USED BY:	(ENTER ONLY ON			B, AND C		Immed	APPROXI-	TO COHO	ыня 5187		
	CONDITIONS, IF ANY,	CIAN SI	udden cardiac	death	syndrome			11,000	MATE INTERVAL BETWEEN		BIOPSY PERF	окиво7	
CAUSE OF	WHICH GAVE RISE TO THE IMMEDIATE CAUSE	L man C	oronary arter	ry disease			4	years		No	AUTOPSY PL	RFORMED?	
DEATH	STATING THE UNDER-	DUE TO.	OR AS A CONSEQUENCE	O#			4		DEATH	No_	•		
		MT CONDITION	S-CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO CAL	SE GIVEN	1 237 TYPE C	PERATION PERF		ANY CONDI		981	
	NOTE 23. OTHER SECRET								Pass	BD. PHYSIC	IAN'S LICEN	NUMBER	
PHYSI-	HOUR, DATE AND P	ACE SINISH	FROM THE GREET	12	& Viull	سس	cmo	6-7-			1680		
CIAN'S CERTIFICA-	STATES. STA									92055			
TION	A- (ENTER MO DA YR.) (ENTER MO DE TR.) 1981 5-20-88 J. L. Verkleeren CAPT MC USN Camp Pendleton, (31. INJURY AT WORK 32A. DATE OF INJURY — MONTH, DAY, YEAR 32B.								ur 32B. HO	UP!			
YAULMI	Y									JURY)			
INFORMA- TION	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 34. DESCRIBE HOW INJURY OCCURRED (SYRING WARDS)												
CORONER'S	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) 37. DATE—MONTH, DAY, YEAR S. NAME AND ADDRESS OF CEMETERY ON CREMATORY 38. EMBALMEN'S LICENSE NUMBER AND SIGNATURE.										LTE EIGNED		
ONLY											HATURE		
36. DISPOS			Maria Tal			Will	its, CA		Not En	nhalme	TED BY LOCAL	SARIFICAR	
Cremat	ion June 1	0. 1988 R PERSON ACTU	NG AS SUCHI 40B. LICEN	SE NO.	41. LOCAL RESIS		PILL	!	114.	/ - C	7 - 88	•	
_Chapel	of the Lake	es	1336	Tc.	1	1e 1	i. Non	E.	<u> </u>	F.	,		
STATE REGISTRA	A. R		•		-		· 				<u> </u>		
VS-11/1-850	<u></u>	<u> </u>						**					
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774		D ** 1											
<u>2.2</u>			Recorder California										
181 Off	Lake County, California												
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ST	TATE OF OREGO	ON: COU	NTY OF KLAMA	TH:	ss.								
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of				at 12	:30 o'clo	ck	P_M., ar	d duly rec		Vol	м90	,	
		o	of	D	eeds		Page yn Biel	_22040_ in - Coi		:k			
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