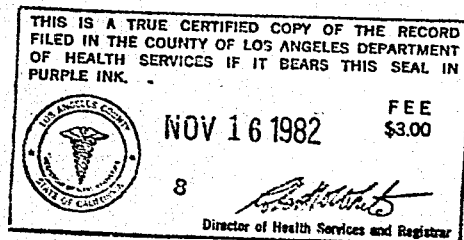


26883

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M91 Page **4495**

STATE FILE NUMBER		1A. NAME OF DECEDENT - FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		RICHARD		CLARENCE		LEIBEL		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE	
MALE		Cauc.				MARCH 18, 1917		NOVEMBER 11, 1982	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. DATE NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
MINNESOTA		JOSEPH LEIBEL - MINNESOTA		GERTRUDE O. DUPUIS - MINN.		U.S.A.		707-12-2674	
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		17. KIND OF INDUSTRY OR BUSINESS	
CARPENTER		40 YEARS		SELF-EMPLOYED		ANN V. GANSEN		CONSTRUCTION	
18A. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18B. COUNTY		19. STATE		20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP		21. DATE SIGNED	
2563 WALNUT AVENUE		LOS ANGELES		CALIFORNIA		MRS. ANN V. LEIBEL - WIFE		NOV 16 1982	
22A. PLACE OF DEATH		22B. CITY OR TOWN		22C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22D. CITY OR TOWN		22E. STATE	
DANIEL FREEMAN MARINA HOSPITAL		LOS ANGELES		4650 LINCOLN BOULEVARD		MARINA DEL REY		VENICE, CALIFORNIA	
23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?		25. WAS BICPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?			
(A) <i>Arteriosclerotic Cardiovascular Disease</i>		YES		YES		YES			
(B) <i>Due to, or as a consequence of</i>									
(C) <i>Due to, or as a consequence of</i>									
27. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		28. PHYSICIAN - SIGNATURE AND DEGREE OR TITLE		29. DATE SIGNED		30. PHYSICIAN'S LICENSE NUMBER			
		<i>Antonio L. Larca, Dep. Coroner</i>		NOV 16 1982		11-1482			
31. INJURY AT WORK		32A. DATE OF INJURY - MONTH, DAY, YEAR		32B. HOUR		33. CORONER'S SIGNATURE AND DEGREE OR TITLE		34. DATE SIGNED	
						<i>James E. Austin</i>		NOV 16 1982	
35. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		36. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		37. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		38. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		39. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon Hernandez the 13th day of March A.D. 19 91 at 11:25 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 4495.

FEE \$8.00

Return: Sharon Hernandez
2563 Walnut, Venice, Ca. 90291

Evelyn Biehn, County Clerk

By Sharon Hernandez