

28027

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. m91 Page 6472

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		MAYNARD		LESTER		EVANS		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HOURS: HOURS MINUTES	
MALE		WHITE		NO		AUGUST 7, 1914		73 YEARS			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER	
KANSAS		JOSEPH EVANS UNKNOWN		UNKNOWN WOODS UNKNOWN		U.S.A.		19 N/A TO 19 N/A		513-03-4884	
13. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		18. KIND OF INDUSTRY OR BUSINESS	
MACHINIST		25		SUPERIOR SCAFFOLD		MARRIED		PEARL MAC DONALD		MANUFACTURING	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE	
2324 BOONE AVE.		LOS ANGELES		VENICE		PEARL M. EVANS - WIFE 2324 BOONE AVE. MARINA DEL REY, CA 90291		RESIDENCE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
LOS ANGELES		CALIFORNIA		2324 BOONE AVE.		VENICE		ho		ho	
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		22. DEATH WAS CAUSED BY IMMEDIATE CAUSE	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		Arterio Sclerotic Cardiovascular Disease		1972		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		26. WAS AUTOPSY PERFORMED?		ho	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN		Hypertension		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
7-27-76		Benjamin Krentzman MD		8-14-87		C-27737		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
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	
2901 Wilshire Blvd.										CREMATION	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
AUGUST 18, 1987		DILDAY MOTTELL, 1250 PACIFIC, LONG BEACH, CA.		6806 John Yeches		GATES, KINGLSEY & GATES SM		F451		AUG 17 1987	
STATE REGISTRAR		B.		C.		D.		E.		F.	

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.



AUG 18 1987

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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Condon & Condon
of April A.D., 19 91 at 11:23 o'clock A M., and duly recorded in Vol. M91
of Deeds on Page 6472

FEE \$8.00

Return: Condon & Condon
632 Arizona Ave., Santa Monica, Ca. 90401

Evelyn Biehn County Clerk
By Deirdre Muelenders