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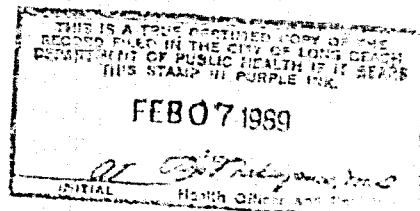
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CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Emanuel		Alexander	Moreau	2A. DATE OF DEATH MONTH, DAY, YEAR Feb 3, 1989	
4. RACE		5. SPANISH/HISPANIC		6. DATE OF BIRTH— MONTH, DAY, YEAR		7. AGE IN YEARS MONTHS DAYS	
Cauc		☐ YES ☒ NO		Mar 5, 1913		75 7 21 22 23	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
IL		USA		Emanuel A. Moreau, Sr.		France	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
19 44 to 1946 ☐ NONE		320-38-4130		Divorced		Nancy Hayes	
15A. USUAL OCCUPATION		15B. USUAL KIND OF BUSINESS OR INDUSTRY		15C. USUAL EMPLOYER		16D. YEARS IN USUAL OCCUPATION	
Letter Carrier		Civil Service		U.S. Post Office		36	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17)	
248 Opal Canyon Road		Duarte		91010		12	
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
Los Angeles		21		CA		Doris E. Montgomery sister	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		248 Opal Canyon Rd.	
VA Medical Center		IP		Los Angeles		Duarte, Ca. 91010	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT		22. WAS DEATH REPORTED TO CORONER?	
5901 East 7th Street		Long Beach		{ (A) Carcinoma of bladder		☐ YES ☒ NO	
21. IMMEDIATE CAUSE		{ (B) None		{ (C) None		23. WAS AUTOPSY PERFORMED?	
						☐ YES ☒ NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?		26. TYPE		27A. DATE SIGNED	
None		No		No		2/3/89	
27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DESIGNS OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED	
Jan 31, 1989		William G. Harris MD		16-064493		2/3/89	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
VA Medical Center, 5901 E. 7th St., Long Beach, CA 90822						30A. PLACE OF INJURY	
30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR		31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
☐ YES ☒ NO							
34A. DISPOSITION		34B. PLACE OF FINAL DISPOSITION		34C. DATE OF DISPOSITION MONTH, DAY, YEAR		35A. SIGNATURE OF ENBALMER	
Burial		All Souls Cemetery		Feb 8, 1989		Heather Culligan	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE	
Forest Lawn Sunnyside Mtn LB		F1151		Evelyn Biehn, M.D. S.B.		7734	
STATE REGISTRAR		A. B. C. D. E. F.		G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.		FEB 07 1989	

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

After Recording Return to:
Robert D. Boivin
BOIVIN, JONES & UERLINGS
110 North 6th Street
Klamath Falls, OR 97601



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert D. Boivin
of Nov. A.D., 1991 at 2:44 o'clock P M., and duly recorded in Vol. M91 day
of Deeds on Page 24824
Evelyn Biehn, County Clerk
By Catherine M. Mulender

FEE \$8.00