

38118

HTC 26594-N77
CERTIFICATE OF DEATH
 STATE OF CALIFORNIA

Vol. m91 Page 25190

STATE FILE NUMBER 38118		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER August 29, 1985 0145	
1. A. NAME OF DECEDENT—FIRST Edna		1. B. MIDDLE Frances	
1. C. LAST Weston		2. DATE OF BIRTH April 28, 1927	
3. RACE/ETHNICITY Female White		4. SPANISH/HISPANIC NO	
5. NAME AND BIRTHPLACE OF FATHER Edmund F. Noyes - N.Y.		6. NAME OF SURVIVING SPOUSE IF WIFE, INTER William H. Weston Jr.	
7. CITIZENSHIP OF WHAT COUNTRY U.S.A.		8. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19	
9. SOCIAL SECURITY NUMBER 520-26-6545		10. MARITAL STATUS Married	
11. PRIMARY OCCUPATION Housewife		12. NUMBER OF YEARS THIS OCCUPATION 39	
13. EMPLOYER IF SELF-EMPLOYED, NO STATE Self-Employed		14. KIND OF INDUSTRY OR BUSINESS Own Home	
15. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 13689 E. Decliff Dr.		16. CITY OR TOWN Whittier	
17. COUNTY Los Angeles		18. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP William Weston - Husband 13689 E. Decliff Dr. Whittier, Ca. 90601	
19. PLACE OF DEATH Shea Convalescent Home		20. CITY OR TOWN Whittier	
21. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 7716 Pickering Ave.		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BREAST CANCER	
23. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) DUE TO, OR AS A CONSEQUENCE OF		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 YR	
25. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26. WAS DEATH REPORTED TO CORONER? NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? MASTECTOMY		28. DATE OF OPERATION 3/17/81	
29. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE R. Holmes, M.D.		30. PHYSICIAN'S LICENSE NUMBER 642202	
31. TYPE PHYSICIAN'S NAME AND ADDRESS R. Holmes, M.D. 9200 Colima Road, Whittier, Ca.		32. DATE OF INJURY—MONTH, DAY, YEAR 8/29/85	
33. SPECIFY ACCIDENT, SUICIDE, ETC.		34. PLACE OF INJURY	
35. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		36. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
37. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ENTER MO. DA. YR.) 8-16-85		38. 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)	
39. DATE—MONTH, DAY, YEAR Aug. 30, 1985		40. NAME AND ADDRESS OF CEMETERY OR CREMATORY Reader Cemetery, Dixon, WY.	
41. LICENSE NO. 217		42. DATE ACCEPTED BY LOCAL REGISTRAR AUG 30 1985	
43. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) White-Emerson Mortuary		44. STATE REGISTRAR 1747	

AFTER RECORDED RETURN TO: **WILLIAM H. WESTON, JR.**
13689 DECLIFF DR.
WHITTIER, CA 90601

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 30 1985

14

Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 3rd day

Filed for record at request of Mountain Title Co. A.M., and duly recorded in Vol. M91
 of Dec. A.D., 19 91 at 9:40 o'clock on Page 25190
 of Deeds By Evelyn Biehn County Clerk
Donna M. Mendenhall

FEE \$8.00