

38507

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

Vol. 99 Page 25861

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Irene		1B. MIDDLE I.	1C. LAST (FAMILY) Campbell
4. RACE Caucasian		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. November 4, 1913
8. STATE OF BIRTH OK		9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER William Southern
12. MILITARY SERVICE? 19 To 19 <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 549-38-6529	14. MARITAL STATUS Married
16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home	16C. USUAL EMPLOYER Self Employed
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 6109 Redman Ave.		18B. CITY Whittier	18C. ZIP CODE 90606
19A. PLACE OF DEATH Presbyterian Intercommunity Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY Los Angeles
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiopulmonary Arrest (B) Respiratory Failure (C) Chronic Obstructive Lung Disease		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES LIST TYPE OF OPERATION AND DATE. No	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR March 16, 1973		27B. SIGNATURE AND DEGREE OF TITLE OF CERTIFIER John R. Hamilton, III, M.D.	
27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS John R. Hamilton, III, M.D., 7921 S. Painter Ave., Whittier, CA		27D. DATE SIGNED 1-28-91	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Rose Hills Memorial Park, 3900 S. Workman Mill Rd., Whittier, CA	
34C. DATE Jan. 31, 1991		34D. SIGNATURE OF ENBALMER San Moor	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rose Hills Mortuary, Whittier, CA		35B. LICENSE NO. FD-970	
36. SIGNATURE OF LOCAL REGISTRAR Robert C. Hays		37. REGISTRATION DATE JAN 30 1991	
38. STATE REGISTRAR		39. CENSUS TRACT	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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.



JAN 31 1991

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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Stella Gray the 11th day
of Dec. A.D., 19 91 at 12:12 o'clock P.M., and duly recorded in Vol. M91
of Deeds on Page 25861.

Evelyn Biehn, County Clerk

By Paula Mueller

FEE \$8.00

Return: Stella Gray

P.O. Box 390318, Anza, Ca. 92539