

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) CLARENCE		1B. MIDDLE CAMPBELL	
1C. LAST (FAMILY) CAMPBELL		2A. DATE OF DEATH—MO. DAY, YR. April 10, 1992	
4. RACE Black		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. August 10, 1924		7. AGE IN YEARS 67	
8. STATE OF BIRTH ILL.		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10A. FULL NAME OF FATHER Clarence E. Campbell, Sr		10B. STATE OF BIRTH Tenn	
11A. FULL MAIDEN NAME OF MOTHER Donna Milligan		11B. STATE OF BIRTH TENN.	
12. MILITARY SERVICE? 19 43 TO 1946 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 347 12 9446	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Murdice Smith	
16A. USUAL OCCUPATION Supervisor		16B. USUAL KIND OF BUSINESS OR INDUSTRY Aircraft	
16C. USUAL EMPLOYER MCDONNELL Douglas		16D. YEARS IN OCCUPATION 45	
17. EDUCATION—YEARS COMPLETED 15		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 11320 Woodcock Avenue	
18B. CITY Pacoima		18C. ZIP CODE 91331	
18D. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY	
18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Murdice Smith (Wife) 11320 Woodcock Avenue Pacoima, California 91331	
19A. PLACE OF DEATH Veteran Admin Medical Ctr		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	
19C. COUNTY Los Angeles		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 16111 Plummer Street	
19E. CITY Sepulveda		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
IMMEDIATE CAUSE (A) Bronchial Pneumonia		DAYS	
DUE TO (B) Adeno Carcinoma Of Lungs		MONTHS	
DUE TO (C)			
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	
24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Metastatic Adeno Carcinoma Liver		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. None	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Nolan J. Mayer	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 4-1-92		27C. CERTIFIER'S LICENSE NUMBER 6069065	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 4-10-92		27D. DATE SIGNED 4/14/92	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Nolan J. Mayer, MD, VA Med Ctr, Sepulveda, CA 91343		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]	
28B. DATE SIGNED		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) CR/SC		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Three Miles of Shore San Pedro, California	
34C. DATE MO. DAY, YEAR 4-20-92		34D. SIGNATURE OF EMBALMER Jan Snyder	
34E. LICENSE NUMBER 7210		35A. SIGNATURE OF LOCAL REGISTRAR Robert C. [Signature]	
35B. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rucker's Mortuary		35C. LICENSE NO. 1188	
35D. SIGNATURE OF LOCAL REGISTRAR		35E. REGISTRATION DATE APR 17 1992	
A.		B.	
C.		D.	
E.		F.	
STATE REGISTRAR		CENSUS TRACT	

VS-11 (REV. 3-91) 1629 MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS 04-9-2-7104

57 JUN 2 10 11 AM '92

Return: Murdice F. Campbell
11320 Woodcock Ave.
Pacoima, Ca. 91331

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.



APR 20 1992

53 *[Signature]*
Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Murdice F. Campbell the 2nd day of June A.D., 19 92 at 10:57 o'clock A.M., and duly recorded in Vol. M92, of Deeds on Page 11859.

FEE \$10.00

Evelyn Biehn County Clerk
By Pauline Melendore