

45595

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

Vol. m92 Page 11859

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>CLARENCE</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>April 10, 1992</b>	
1B. MIDDLE <b>CAMPBELL</b>		2B. HOUR <b>1430</b>	
1C. LAST (FAMILY) <b>CAMPBELL</b>		3. SEX <b>Male</b>	
4. RACE <b>Black</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. <b>August 10, 1924</b>		7. AGE IN YEARS <b>67</b>	
8. STATE OF BIRTH <b>ILL.</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10A. FULL NAME OF FATHER <b>Clarence E. Campbell, Sr</b>		10B. STATE OF BIRTH <b>Tenn</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>Donna Milligan</b>		11B. STATE OF BIRTH <b>TENN.</b>	
12. MILITARY SERVICE? <b>19 43 TO 1946</b> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>347 12 9446</b>	
14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Murdice Smith</b>	
16A. USUAL OCCUPATION <b>Supervisor</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Aircraft</b>	
16C. USUAL EMPLOYER <b>McDonnell Douglas</b>		16D. YEARS IN OCCUPATION <b>45</b>	
17. EDUCATION—YEARS COMPLETED <b>15</b>		18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>11320 Woodcock Avenue</b>	
18B. CITY <b>Pacoima</b>		18C. ZIP CODE <b>91331</b>	
18D. COUNTY <b>Los Angeles</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>California</b>	
18F. STATE OR FOREIGN COUNTRY <b>California</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Murdice Smith (Wife) 11320 Woodcock Avenue Pacoima, California 91331</b>	
19A. PLACE OF DEATH <b>Veteran Admin Medical Ctr</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	
19C. COUNTY <b>Los Angeles</b>		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>16111 Plummer Street</b>	
19E. CITY <b>Sepulveda</b>		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>IMMEDIATE CAUSE (A) Bronchial Pneumonia</b> <b>DUE TO (B) Adeno Carcinoma Of Lungs</b> <b>DUE TO (C) Metastatic Adeno Carcinoma Liver</b>	
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 <b>Metastatic Adeno Carcinoma Liver</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>None</b>	
27A. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. <b>4-1-92</b>		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>Nolan J. Mayer</b>	
27C. CERTIFIER'S LICENSE NUMBER <b>6069065</b>		27D. DATE SIGNED <b>4/14/92</b>	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Nolan J. Mayer, MD, VA Med Ctr, Sepulveda, CA 91343</b>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>	
28B. DATE SIGNED <b>[Signature]</b>		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>30A. PLACE OF INJURY</b>	
30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
31. HOUR MONTH, DAY, YEAR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) <b>CR/SC</b>	
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Three Miles of Shore San Pedro, California</b>		34C. DATE MO. DAY, YEAR <b>4-20-92</b>	
34D. SIGNATURE OF EMBALMER <b>Jon Snyder</b>		35B. LICENSE NUMBER <b>7210</b>	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rucker's Mortuary</b>		36B. LICENSE NO. <b>1188</b>	
37. SIGNATURE OF LOCAL REGISTRAR <b>Robert C. [Signature]</b>		38. REGISTRATION DATE <b>APR 17 1992</b>	
39. STATE REGISTRAR <b>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.</b>		CENSUS TRACT	

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

64-9-2-7104

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

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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 Muelandore