STATE OF CALIFORNIA

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ATC 38792

DEPARTMENT OF HEALTH SERVICES

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51345

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

83-159460 (STATE FILE NUMBER)

22 005447 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Mack	Richard	Cooper	November 24, 1983	0730

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Male	White	NO X	October 12, 1905	78 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
OK	Albert Cooper - IL	Lulu Enko - IL

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	480-09-8746	Married	Jeannette Johnson

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Welder	Adult yrs	Self employed	Welding

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
4870 Pedley Ave.	40700	Norco

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Riverside	California	Jeannette E. Cooper - wife 4870 Pedley Ave. Norco, CA 91760

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
Corona Community Hospital	Riverside	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
812 Washburn Ave.	Corona	

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Cardio Respiratory Failure

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B) Carcinoma Lung & Delydration

DUE TO, OR AS A CONSEQUENCE OF (C) Organic Brain Syndrome

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: No

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO OR YES) | I LAST SAW DECEDENT ALIVE (ENTER NO OR YES)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Mahesh C. Gupta

28C. DATE SIGNED: 11/25/83

28D. PHYSICIAN'S LICENSE NUMBER: A 36307

28A. I ATTENDED SINCE	28A. I LAST SAW ALIVE	28E. TYPE PHYSICIAN'S NAME AND ADDRESS
11/17/83	11/23/83	Mahesh C. Gupta, MD. 720 Magnolia Ave., Corona, CA

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURED AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. 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).

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

SPECIMEN

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	Nov 28, 1983	Riverside Crematory, Riverside, CA	Not embalmed

40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE RECEIVED BY LOCAL REGISTRAR
Thomas Miller Mortuary	66	Thomas Hamilton	NOV 28 1983

STATE REGISTRAR	A.	B.	C.	D.	E.	F.
	1	X	2		1629	

VS-11 (6-82)

After recording return to:
Klamath First Federal S&L
540 Main St.
Klamath Falls, OR 97601

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: Michael Davis
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

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DATE ISSUED
SEP 16 1992

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 25th day of Sept. A.D., 19 92 at 11:31 o'clock A.M., and duly recorded in Vol. M92, of Deeds on Page 22263.

Evelyn Biehn - County Clerk
By Pauline Muldrow

FEE $10.00