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Vol. 92 Page 28741

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

3-92-30-000510

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)
WILLIAM		CARL	COBLE
4. RACE		5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR.
CAUC.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SEPT. 30, 1924
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER
OH		USA	WILLIAM C. COBLE
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.	14. MARITAL STATUS
19 TO 19 <input checked="" type="checkbox"/> NONE		295-12-6299	MARRIED
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER
QUALITY CONTROL ENGINEER		AEROSPACE	ELLIS & VANS FOUNDRY
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY	18C. ZIP CODE
5831 WALNUT CREEK ROAD		YORBA LINDA	92686
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
ORANGE		17	CA
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
RESIDENCE			ORANGE
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY	
5831 WALNUT CREEK ROAD		YORBA LINDA	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER	
IMMEDIATE CAUSE (A) METASTATIC GASTRIC CANCER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B)		23. WAS BIOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		24A. 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		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
NONE		NO	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER
1-2-1991		<i>H. S. Jhangiani</i>	A38872
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
1-9-1992		H. S. JHANGIANI, M.D.	
27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27G. DATE SIGNED	
11160 W. WARNER FOUNTAIN VALLEY, CA 92708		1/13/92	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		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
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY, YEAR
CR/RES		PRIV RES 5831 WALNUT CREEK ROAD	1-23-92
		YORBA LINDA, CA 92686	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR
FOREST LAWN MORTUARY CYPRESS		FD-1051	<i>Lynn Kausiere</i>
38A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		38B. LICENSE NO.	38C. REGISTRATION DATE
			1-14-92
STATE		A.	B.
		C.	D.
		E.	F.
		CENSUS TRACT	

Return: Tony Yahyai
10170 Ambassador Ave
San Diego, Ca. 92126

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COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH
SANTA ANA, CALIFORNIA

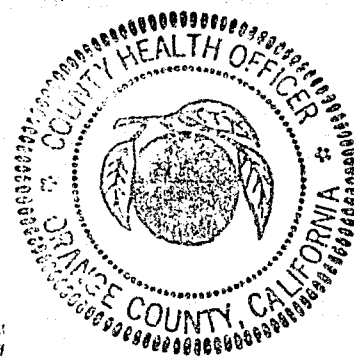
This is to certify, if impressed
with the seal of the Orange
County Health Officer, that this
is a true copy of the permanent
record filed in this office.

L. Rex Ehling, M.D.

L. Rex Ehling, M.D.
Health Officer and Local Registrar of
Births and Deaths of Orange County

Date JAN 17 1992

JANNI 1771992



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day
of Dec. A.D., 19 92 at 9:51 o'clock A M., and duly recorded in Vol. M92,
of _____ Deeds on Page 28741.

Evelyn Biehn County Clerk

By Dorlene M. Mueland

FEE \$15.00