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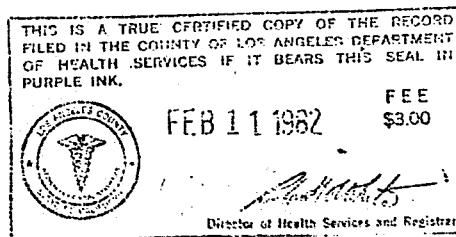
K-43742  
 CERTIFICATE OF DEATH  
 STATE OF CALIFORNIA

Vol. mag Page 30421

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>HAROLD</b>		1B. MIDDLE <b>SHERMAN</b>	1C. LAST <b>JOHNSON</b>
3. SEX <b>Male</b>	4. RACE <b>White</b>	5. ETHNICITY <b>American</b>	6. DATE OF BIRTH <b>January 21, 1900</b>
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Illinois</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Henry Johnson: Unknown</b>	
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>266-28-3715</b>	13. MARITAL STATUS <b>Married</b>
15. PRIMARY OCCUPATION <b>Pilot</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>30</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self-Employed</b>
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>22824 Cohasset Street</b>		19B.	19C. CITY OR TOWN <b>Canoga Park</b>
19D. COUNTY <b>Los Angeles</b>		19E. STATE <b>California</b>	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Helen Johnson (Wife)</b> <b>Same 91307</b>
21A. PLACE OF DEATH <b>Residence</b>		21B. COUNTY <b>Los Angeles</b>	21D. CITY OR TOWN <b>Canoga Park</b>
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>22824 Cohasset St.</b>		21E. CITY OR TOWN <b>Canoga Park</b>	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) <b>Metastatic Carcinoma of Prostate</b> DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>Arteriosclerotic Cardiovascular Disease</b> 24. WAS DEATH REPORTED TO CORONER? <b>8-2-1945</b> 25. WAS BIOPSY PERFORMED? <b>No</b> 26. WAS AUTOPSY PERFORMED? <b>No</b> 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>No</b> 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INVESTIGATION) I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>LOS ANGELES, CALIF. 90033</b> 28C. DATE SIGNED <b>Feb. 11, 1982</b> 28D. PHYSICIAN'S LICENSE NUMBER <b>4517</b> 28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>LOS ANGELES, CALIF. 90033</b> 29. SPECIFY ACCIDENT, SUICIDE, ETC. 30. PLACE OF INJURY 31. INJURY 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) 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 (INVESTIGATION) 35B. CORONER—SIGNATURE AND DEGREE OR TITLE <b>LOS ANGELES, CALIF. 90033</b> 35C. DATE SIGNED <b>Feb. 11, 1982</b> 36. DISPOSITION <b>Cremation</b> 37. DATE—MONTH, DAY, YEAR <b>Feb. 12, 1982</b> 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Rosedale Crematory</b> <b>1831 W. Washington Blvd., Los Angeles, CA</b> 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>4517</b> 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>BASTIAN &amp; PERROTT MORTUARY</b> <b>1198</b> 41. LOCAL REGISTRATION DISTRICT <b>1198</b> 42. DATE ACCEPTED BY LOCAL REGISTRAR <b>FEB 11 1982</b> STATE REGISTRAR VS-11 (10-78)			

RETURN TO:

HELEN B. JOHNSON  
 22824 COHASSET STREET  
 WEST HILLS CA 91307



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 22nd day  
 of December A.D., 19 92 at 1:49 o'clock P.M., and duly recorded in Vol. M92  
 of Deeds on Page 30421

FEE \$10.00

Evelyn Biehn -County Clerk  
 By Daniel L. Muldore