57481

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol M93 Page 3096

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: JOHN
1B. MIDDLE: EDWARD
1C. LAST: BARNES
2A. DATE OF DEATH (MONTH, DAY, YEAR): DECEMBER 30, 1979
2B. HOUR: 0110
3. SEX: Male
4. RACE: White
5. ETHNICITY:
6. DATE OF BIRTH: January 31, 1919
7. AGE: 60 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Colorado
9. NAME AND BIRTHPLACE OF FATHER: John G. Barnes - Unknown
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Alta Dolly Crawford - Oklahom
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 522-18-4803
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Blanche A. Drager
15. PRIMARY OCCUPATION: Stock Room Clerk
16. NUMBER OF YEARS THIS OCCUPATION: 14
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Salsbury Corporation
18. KIND OF INDUSTRY OR BUSINESS: Mfg. Automotive Parts

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11928 Summer Avenue
19B.
19C. CITY OR TOWN: Norwalk
19D. COUNTY: Los Angeles
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: KAISER FOUNDATION HOSPITAL
21B. COUNTY: LOS ANGELES
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 9400 E. ROSECRANS
21D. CITY OR TOWN: BELLFLOWER

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Alta Davidson - Daughter
2313 Century
Simi Valley, California

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) Cardiac-respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF
(B) Chronic respiratory failure
DUE TO, OR AS A CONSEQUENCE OF
(C) C O P D

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes / weeks / years

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: Chronic congestive heart failure

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: None 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 MO, DA, YR.): 5/25/70
I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.): 12/30/79
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: John Agustines
28C. DATE SIGNED: 1/2/80
28D. PHYSICIAN'S LICENSE NUMBER: A 24162
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: John Agustines, M.D. 9400 E. Rosecrans Bellflower, Calif.

INJURY INFORMATION

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)

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

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: Jan. 3, 1980
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Rose Hills Memorial Park
3900 S. Workman Mill Rd. Whittier, Calif.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6390 John V. Mares Jr.
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary-Whittier, Calif.
41. LOCAL REGISTRAR—SIGNATURE:
42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 3 1980

STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (10-78)

01-21-0450

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.

JAN 4 1980

FEE $3.00

Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Blanche D. Barnes the 11th day of Feb. A.D., 19 93 at 11:54 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 3096.

FEE $10.00

Evelyn Biehn, County Clerk
By Pauline Muirbrook

Return: Blanche D. Barnes
778 N. 66th St., Springfield, Or. 97478