60307 UFC 29571

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH — MO., DAY, YR.	2B. HOUR	3. SEX
Horace	Phillip	Slade	June 22, 1991	1004	M

4. RACE	5. HISPANIC — SPECIFY	6. DATE OF BIRTH — MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
White	☐ YES ☒ NO	March 28, 1927	64				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
Mass	USA	Horace T. Slade	Mass	Beatrice Bergin	Mass

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE OR WIFE (ENTER MARRIED NAME)
19 45 TO 19 46 ☐ NONE	547-32-5123	Married	Mildred Easmn

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION — YEARS COMPLETED
Mechanic	Aircraft	Lockheed Aircraft Co.	32	8

USUAL RESIDENCE

18A. RESIDENCE — STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
269 E. Ave. P-1	Palmdale	93550

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	50	California	Mildred Slade-wife 269 E. Ave. P-1 Palmdale, Ca. 93550

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence	-	Los Angeles

19D. STREET ADDRESS — STREET AND NUMBER OR LOCATION	19E. CITY
269 E. Ave. P-1	Palmdale

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular disease	yrs
DUE TO (B)	
DUE TO (C)	

22. WAS DEATH REPORTED TO CORONER? ☒ YES REFERRAL NUMBER 91-05699 ☐ NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Chronic Alcoholism

26. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: no

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER | 27C. CERTIFIER'S LICENSE NUMBER | 27D. DATE SIGNED

27A. DECEDENT ATTENDED SINCE — MONTH, DAY, YEAR | DECEDENT LAST SEEN ALIVE — MONTH, DAY, YEAR

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER: Robert Deems Deputy Coroner | 28B. DATE SIGNED: 6-25-91

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 ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
Natural				

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION — NAME AND ADDRESS	34C. DATE MO., DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Cr/Burial	Riverside National Cemetery 22495 Van Buren Riverside, Ca.	June 26, 1991	Not Embalmed	-

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Chapel of the Valley Mortuary	F 953	Robert C. Martin	JUN 25 1991

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title co

on this 22nd day of April A.D., 19 93
at 11:36 o'clock A M. and duly recorded
in Vol. M93 of Deeds Page 8538.
Evelyn Biehn County Clerk
By Pauline Muhlbaier Deputy.

Fee, $10.00

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.

JUN 25 1991

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Director of Health Services and Registrar

Return: Mountain Title co.