63297

06-18-93P02:11 RCVD

Vol. m93 Page 14470

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-89-30-001157

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
GERTRUDE	AMELIA	SCHULTZ	January 25, 1989	2027	F

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
White	☐ YES ☒ NO (SPECIFY)	August 22, 1920	68		

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
CA	U.S.A.	John Enwright	NJ	Mary Machado	HI

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	576-10-0344	Married	Herbert F. Schultz

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Salesperson	Retail Sales	Zodys	30	10

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1844 Haster Street #129	Anaheim	92802

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Orange	28	California	Herbert F. Schultz - Husband 1844 Haster St. #129 Anaheim, California (92802)

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Anaheim Memorial Hospital	IP	Orange

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1111 West La Palma Avenue	Anaheim

TIME INTERVAL BETWEEN ONSET AND DEATH

22. WAS DEATH REPORTED TO CORONER? ☒ YES No # Given ☐ NO (REFERRAL NUMBER)

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT.

		TIME INTERVAL
IMMEDIATE CAUSE (A)	Cardiac Arrest	Seconds
DUE TO (B)	Shock	1 Week
DUE TO (C)	S/P Myocardial Infarct	2 Yrs.

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. IF YES, 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: Coronary Artery Disease

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR: TYPE SVBG 6/20/73

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
	M. Tonkon	G22498	1/26/89

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
1-5-86	1-25-89	MELVIN J. TONKON, M.D., 1211 W. La Palma, Anaheim, CA

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE 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 ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

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

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

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/Residence	1844 Haster Street Anaheim, CA (92802)	Jan 27, 1989	NOT EMBALMED	----------

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Dimond & Sons Mettler Mortuary	763	L. Rex Ebling, M.D.	JAN 27 1989

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

89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Fee: $7.00 ☒ No Fee Veterans Purposes ☐

Date: FEB 1 1989

Santa Ana, California

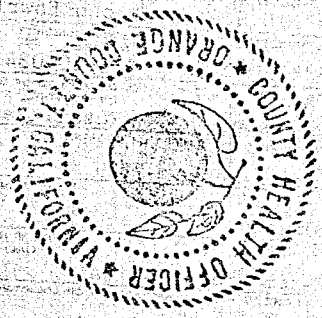
THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

L. Rex Ebling, M.D.

Health Officer and Local Registrar of Births and Deaths of Orange County

Return: Herbert F. Schultz
2660 Shasta Way #41
Klamath Falls, Or. 97603

14471



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Herbert F. Schultz the 18th day of June A.D., 19 93 at 2:11 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 14470.

FEE $15.00

Evelyn Biehn- County Clerk

By Pauline Muilendore