63825 06-29-93A11:43 RCVD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

mde 28944

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STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

- 1A. Name of decedent—First: Cordie
- 1B. Middle: Bingham
- 1C. Last: McCormick
- 2A. Date of death: August 29, 1978
- 2B. Hour: 0310
- 3. Sex: Female
- 4. Race: Cauc.
- 5. Ethnicity: American
- 6. Date of birth: Nov. 15, 1911
- 7. Age: 66 years
- 8. Birthplace of decedent (state or foreign country): Texas
- 9. Name and birthplace of father: Robert L. Bingham - Texas
- 10. Birth name and birthplace of mother: Amanda Grimes - Texas
- 11. Citizen of what country: U. S. A.
- 12. Social Security number: 452-09-2575 B / 452-09-9181
- 13. Marital status: Married
- 14. Name of surviving spouse (if wife enter birth name): Woodrow Wilson McCormick
- 15. Primary occupation: Housewife
- 16. Number of years this occupation: 42
- 17. Employer (if self employed, so state): Self
- 18. Kind of industry or business: Own home

USUAL RESIDENCE

- 19A. Usual residence—street address (street and number or location): 273 Poinsettia
- 19B.
- 19C. City or town: Monrovia
- 19D. County: Los Angeles
- 19E. State: Calif.
- 20. Name and address of informant—relationship: Woodrow W. McCormick- husba[nd], 273 Poinsettia, Monrovia, Calif. 91016

PLACE OF DEATH

- 21A. Place of death: Santa Teresita Hospital
- 21B. Street address (street and number or location): 1210 Royal Oaks Dr.
- 21C. City or town: Duarte
- 21D. County: Los Angeles

CAUSE OF DEATH

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

	Cause	Approximate interval between onset and death
(A)	Cardiac arrest	minutes
(B) Due to, or as a consequence of	Progressive cerebral encephalopathy	5 yrs
(C) Due to, or as a consequence of	Etiology unknown - natural	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:
- 27. Was operation performed for any condition in items 22 or 23: none

PHYSICIAN'S CERTIFICATION

- 28A. I certify that death occurred at the hour, date and place stated from the causes stated. I attended decedent since: 12-1-61; I last saw decedent alive: 8-28-78
- 28B. Physician—signature and degree or title: Hubert H. Ingram MD
- 28C. Date signed: 8-29-78
- 28D. Physician's license number: A 27023
- 28E. Type physician's name and address: Hubert H. Ingram MD, 412 E. Colorado Blvd. Monrovia, Calif. 91016

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:

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 36. Disposition: Burial
- 37. Date—month, day, year: ship 9-1-78
- 38. Name and address of cemetery or crematory: Forest Lawn Memorial Park- Beaumont, Texas
- 39. Embalmer's license number: 6346
- 40. Name of funeral director (or person acting as such): Douglass & Zook Mortuary Inc.
- 41. Local registrar—signature: [signature], M.D.
- 42. Date accepted by local registrar: AUG 30 1978

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

VS-11 (1-78)

Release: [illegible]

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.

AUG 30 1978

FEE $3.00

[signature], M.D.

Director of Health Services and Registrar

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Company

on this 29th day of June A.D., 19 93
at 11:43 o'clock A M. and duly recorded
in Vol. M93 of Deeds Page 15450.

Evelyn Biehn County Clerk

By [signature] Deputy.

Fee, $10.00