

86631


CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

Volm94 Page 26303

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR		3. SEX
		DONALD		DUANE	SHELL		SEPTEMBER 04, 1990 1105		MALE
4. RACE		5. 3 ANCESTRY—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
WHITE				MAY 7, 1935		55	MONTHS	DAYS	HOURS
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
CO		USA		MARVIN SHELL		KS	EDITH LORRAINE STARR		NB
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)			
19 53 TO 1955 NONE		563-43-9433		NEVER MARRIED		NONE			
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
TEACHER		EDUCATION		LOS ANGELES UNIFIED		20		16	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE					
4158 WEST 169th STREET		LAWDALE		90260					
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		20		CALIFORNIA		EDITH LOOSLEY (MOTHER) 2122 5th STREET MALIN, OR 97632			
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: H.P., E.R./O.R., D.O.A.		19C. COUNTY					
KAISER HOSPICE/HOSPITAL		H.P.		LOS ANGELES					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		19F. STATE OR FOREIGN COUNTRY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		23. WAS BIOPSY PERFORMED?	
12500 SOUTH HOXIE AVENUE		NORWALK		CA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		21A. IMMEDIATE CAUSE		21B. DUE TO		21C. DUE TO		24A. WAS AUTOPSY PERFORMED?	
		(A) CARDIO-PULMONARY ARREST		1/min				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(B) A.I.D.S		1 1/2 days				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(C)						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE		NONE			
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED	
8-30-90		9-4-90		Richard D. Brumley MD., 12500 S. HOXIE AVE. NORWALK, CA. 90650		6-40582		9-4-90	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27F. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		27G. DATE SIGNED					
RICHARD D. BRUMLEY MD., 12500 S. HOXIE AVE. NORWALK, CA. 90650									
29. MANNER OF DEATH—specify one: natural, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		31. HOUR	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER	
CR/TR/RES		EDITH LOOSLEY 2122 5th STREET MALIN, OR 97632		SEPT 14, 1990		NOT EMBALMED			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON CONTACT AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
CALIFORNIA CREMATION SERVICE		1451		Robert C. Nats		SEP 07 1990			
STATE REGISTRAR		CENSUS TRACT							

08-24-94A09-19 KLVU

THIS IS A TRUE COPIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



SEP 18 1990

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Director of Health Services and Registrar

Return: Charles G. Shell
6945 N. 98th St
Lincoln, NE 68705

STATE OF OREGON: COUNTY OF KIAMATH: ss.

Filed for record at request of Charles G. Shell the 24th day of Aug A.D., 19 94 at 9:19 o'clock AM, and duly recorded in Vol. M94 of Deeds on Page 26303

FEE \$10.00

Evelyn Biehn - County Clerk
By Pauline Muelendore

01-91-0628