MTC 33764-HF

3-94-30-003528

10-10-94A11:14 RCVD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — LOCAL REGISTRATION DISTRICT

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USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

89403 — STATE FILE NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JOHN	2. MIDDLE: A.	3. LAST (FAMILY): KATER					
4. DATE OF BIRTH MM/DD/CCYY: 05/31/1934	5. AGE YRS.: 59	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX: M	7. DATE OF DEATH MM/DD/CCYY: 03/18/1994	8. HOUR: 1625	
9. STATE OF BIRTH: INDONESIA	10. SOCIAL SECURITY NO.: 565-58-9430	11. MILITARY SERVICE: 19 ___ TO 19 ___ [X] NONE		12. MARITAL STATUS: MARRIED	13. EDUCATION —YEARS COMPLETED: 17		
14. RACE: WHITE	15. HISPANIC—SPECIFY: [ ] YES ____ [X] NO			16. USUAL EMPLOYER: IONETICS INC.			
17. OCCUPATION: PRESIDENT, GEO, COB.	18. KIND OF BUSINESS: MEDICAL RESEARCH				19. YEARS IN OCCUPATION: 35		

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 2037 W. SAN LORENZO	22. COUNTY: ORANGE	23. ZIP CODE: 92704	24. YRS IN COUNTY: 25	25. STATE OR FOREIGN COUNTRY: CA
21. CITY: SANTA ANA	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 2037 W. SAN LORENZO, SANTA ANA, CA. 92704			

INFORMANT

26. NAME, RELATIONSHIP: CHER KATER, wife

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: CHER	29. MIDDLE: C.	30. LAST (MAIDEN NAME): STRIEMER	34. BIRTH STATE: INDONESIA
31. NAME OF FATHER—FIRST: HERMAN	32. MIDDLE: -	33. LAST: KATER	38. BIRTH STATE: INDONESIA
35. NAME OF MOTHER—FIRST: CATHERINA	36. MIDDLE: A.	37. LAST (MAIDEN): BREKELMANS	

DISPOSITION(S)

39. DATE MM/DD/CCYY: 03/22/1994	40. PLACE OF FINAL DISPOSITION: RES:CHER KATER,2037 W. SAN LORENZO, SANTA ANA, CA.	43. LICENSE NO.: -

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR / RES	42. SIGNATURE OF EMBALMER: ▶NOT EMBALMED		47. DATE MM/DD/CCYY: 03/22/1994
44. NAME OF FUNERAL DIRECTOR: OMEGA SOCIETY	45. LICENSE NO.: FD1280	46. SIGNATURE OF LOCAL REGISTRAR: ▶ [signature] MD	

PLACE OF DEATH

101. PLACE OF DEATH: KAISER FOUNDATION HOSPITAL	102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA	103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. [ ] OTHER	104. COUNTY: ORANGE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 441 LAKEVIEW			106. CITY: ANAHEIM

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RESPIRATORY ARREST	MINs
DUE TO	(B) BRAIN STEM INFARCT	WEEK
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [ ] YES [X] NO

111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? NO — IF YES, LIST TYPE OF OPERATION AND DATE.

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
DECEDENT ATTENDED SINCE MM/DD/CCYY: 03/14/1994
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 03/18/1994

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ V. Crowe MD

116. LICENSE NO.: G54065

117. DATE MM/DD/CCYY: 03/21/1994

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: V.CROWE,M.D., 6 WILLARD, IRVINE, CA. 92714

CORONER'S USE ONLY

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

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK? [ ] YES [ ] NO

121. INJURY DATE MM/DD/CCYY

122. HOUR

123. PLACE OF INJURY

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

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶

127. DATE MM/DD/CCYY

128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

31580

COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH & MED SERVICES
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 instrument record filed in this office.

H. STANLEY [illegible]

MAR 2 3 1994

Upon recording Return to
Chev Kater
2037 W. San Lorenzo
Santa Ana, CA 92704

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 10th day of Oct A.D., 19 94 at 11:14 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 31579.

Evelyn Biehn County Clerk

By Dawn Thurmond

FEE $15.00