89865 10-9-94P03:17 RCV

CERTIFICATE OF DEATH — STATE OF CALIFORNIA — Vol M94 Page 32581

L40055 — STATISTICAL NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Ramona	1B. MIDDLE: Jone	1C. LAST: Crider		2A. DATE OF DEATH (MONTH, DAY, YEAR): December 1, 1981		2B. HOUR: 0219
3. SEX: Female	4. RACE: White	5. ETHNICITY	6. DATE OF BIRTH: June 23, 1934	7. AGE: 47 YEARS	IF UNDER 1 YEAR: MONTHS, DAYS	IF UNDER 24 HOURS: HOURS, MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): South Dakota	9. NAME AND BIRTHPLACE OF FATHER: Lawrence Jankord - South Dakota			10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Eunice Hasner - South Dakota		
11. CITIZEN OF WHAT COUNTRY: U. S. A.	12. SOCIAL SECURITY NUMBER: 507-38-1668	13. MARITAL STATUS: Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Robert N. Crider		
15. PRIMARY OCCUPATION: Homemaker	16. NUMBER OF YEARS THIS OCCUPATION: 27	17. EMPLOYER (SELF-EMPLOYED, SO STATE): Own Home		18. KIND OF INDUSTRY OR BUSINESS: Homemaking		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3324 W. 185th St.	19B.			19C. CITY OR TOWN: Torrance		
19D. COUNTY: Los Angeles	19E. STATE: Ca.			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Robert N. Crider - Husband 3324 W. 185th St. Torrance, Ca. 90504		
21A. PLACE OF DEATH: Torrance Memorial Hospital	21B. COUNTY: Los Angeles					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3330 W. Lomita Blvd.	21D. CITY OR TOWN: Torrance					

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.

(A) Cardiac arrest — 15 minutes — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(B) DUE TO, OR AS A CONSEQUENCE OF: Multiple Brain metastases Anaplastic

(C) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma Rt Upper Lung

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? NO

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.): 11-19-81. I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 11-20-81

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Robert C. Lebow, M.D.

28C. DATE SIGNED: 12-1-81

28D. PHYSICIAN'S LICENSE NUMBER: C-13546

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Robert Lebow M.D. 3440 W. Lomita Blvd. Torrance, Ca.

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 (IN)VEST-INVESTIGATION

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	12-4-1981	Green Hills Memorial Park 27501 S. Western Ave. San Pedro, Ca.	4631 Richard D. Hinchliff

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
A. M. Gamby Mortuary Lomita		DEC 3 1981

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-78)

01-8-1-0422

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.

FEE $3.00

DEC - 3 1981

Director of Health Services and Registrar

Return: Klamath County Title Co

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 19th day of Oct A.D., 19 94 at 3:17 o'clock P M., and duly recorded in Vol. M94, of Deeds on Page 32581.

Evelyn Biehn County Clerk

By Pauline Millendore

FEE $10.00