Vol M94 Page 34105

90595 11-03-94A11:00 RCVD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
CHARLES	H.	NEWMAN

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
12/13/1919	74			F	02/03/1994	0530

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
MS	427-01-8434	19 ___ TO 19 ___ [X] NONE	MARRIED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
BLACK	[ ] YES ___ [X] NO	NAVY SHIPYARD

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
SCRAPYARD ATTENDANT	GOVERNMENT	26

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 1510 W. STOCKWELL

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
COMPTON	LOS ANGELES	90222	48	CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
ELLA NEWMAN-WIFE	1510 W. STOCKWELL COMPTON, CA. 90222

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
ELLA NEWMAN-	MAE	JONES	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
HARRY	-	NEWMAN	MS
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
IRENE	-	STEWART	MS

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
02/12/1994	ANGELES ABBEY CEM. 1515 E. COMPTON,BLVD. COMPTON, CA. 90221

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	▶ Robert L Adams Sr	4388
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE MM/DD/CCYY**
ADAMS FUNERAL HOME INC.	FD 1252	▶ Robert L Adams	02/08/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
SAN PEDRO PENINSULA HOSPITAL	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] PHS. [ ] OTHER	LOS ANGELES

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
1300 WEST 7TH STREET	SAN PEDRO

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)	CARDIOPULMONARY ARREST	MINS
DUE TO (B)	LIVER CANCER	2 YEARS
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 [X] 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? IF YES, LIST TYPE OF OPERATION AND DATE.: NO

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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
06/04/1992	01/28/1994

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ N.A. El-Sayad

116. LICENSE NO.: A41141

117. DATE MM/DD/CCYY: 02/03/1994

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: NABIL I. ELSAYAD 24845 NARBONNE AVE. LOMITA,CA. 90717

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

155 J

Return:
Charles Newman Jr
13413 Pico Ct
Fontana, Ca. 92336

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.

FEB 08 1994

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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Charles Newman Jr the 3rd day of Nov A.D., 19 94 at 11:00 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 34105.

Evelyn Biehn County Clerk

FEE $10.00

By Lorraine Mullendore