

2091

CERTIFICATE OF DEATH

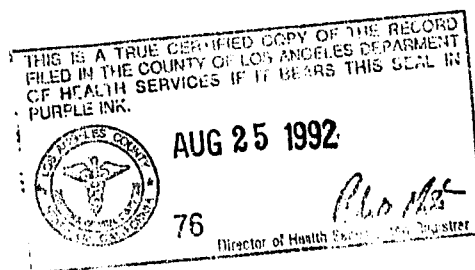
STATE OF CALIFORNIA
USE BLACK INK ONLY

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STATE FILE NUMBER										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER													
1A. NAME OF DECEDENT—FIRST (GIVEN) THELMA					1B. MIDDLE IRIS					1C. LAST (FAMILY) CLARK					2A. DATE OF DEATH—MO. DAY, YR. AUGUST 21, 1992					2B. HOUR 0220		2C. SEX F	
4. RACE WHITE					5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					6. DATE OF BIRTH—MO. DAY, YR. NOVEMBER 3, 1922					7. AGE IN YEARS 69		8. UNDER 1 YEAR MONTHS DAYS		9. UNDER 24 HOURS HOURS MINUTES				
DECEDENT PERSONAL DATA		8. STATE OF BIRTH KS		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER WALTER F. WESTWOOD					10B. STATE OF BIRTH MO		11A. FULL MAIDEN NAME OF MOTHER EFFIE M. DANIELS					11B. STATE OF BIRTH MO					
12. MILITARY SERVICE? 19 TO 19 <input checked="" type="checkbox"/> NONE					13. SOCIAL SECURITY NO. 511-12-4559					14. MARITAL STATUS MARRIED					15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) CHARLES F. CLARK								
16A. USUAL OCCUPATION ELE. ASSEMBLER					16B. USUAL KIND OF BUSINESS OR INDUSTRY ELECTRONICS MFG.					16C. USUAL EMPLOYER NATIONAL CASH RE.					16D. YEARS IN OCCUPATION 25		17. EDUCATION—YEARS COMPLETED 8						
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1537 W. 256TH STREET										18B. CITY HARBOR CITY					18C. ZIP CODE 90710								
18D. COUNTY LOS ANGELES										18E. NUMBER OF YEARS IN THIS COUNTY 47					18F. STATE OR FOREIGN COUNTRY CALIFORNIA								
19A. PLACE OF DEATH RESIDENCE										19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA LOS ANGELES					20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT CHARLES F. CLARK—HUSBAND 1537 W. 256TH STREET HARBOR CITY, CA 90710								
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1537 W. 256TH ST.										19E. CITY HARBOR CITY					21. TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <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) IMMEDIATE CAUSE (A) SMALL CELL CARCINOMA W/METASTASIS, LUNG ▶ 2 WKS										23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
DUE TO (B) ▶										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 OBESITY, COPD								
DUE TO (C) ▶										26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NONE					27A. CERTIFIER'S LICENSE NUMBER A29558								
27. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.										27B. SIGNATURE AND DESIGN OR TITLE OF CERTIFIER <i>Norma Sarao</i>					27C. DATE SIGNED 8/21/1992								
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 11/1/1990										27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 8/15/1992					27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS NORMA SARAO MD 1403 LOMITA BLVD., #204, HARBOR CITY, CA.								
CORONER'S USE ONLY										28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶					28B. DATE SIGNED								
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined										30A. PLACE OF INJURY					30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO								
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)										33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					30C. DATE OF INJURY MONTH, DAY, YEAR								
30D. HOUR										30E. DATE OF INJURY MONTH, DAY, YEAR					30F. HOUR								
FUNERAL DIRECTOR AND LOCAL REGISTRAR										34A. DISPOSITION(S) BURIAL					34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS GREEN HILLS MEM. PK-27501 S WESTERN AVE. RANCHO P.V., CA								
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) A.M. GAMBY MORTUARY, LOMITA										36B. LICENSE NO. FD716					34C. DATE MO. DAY, YEAR 8/24/1992								
37. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Nuss</i>										35A. SIGNATURE OF EXEMALMER <i>Norma Sarao</i>					35B. LICENSE NUMBER 4832								
38. REGISTRATION DATE AUG 24 1992										39. STATE REGISTRAR					CENSUS TRACT								

VS-11 (REV 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 27th day
of June A.D., 19 95 at 10:52 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 16771.

FEE \$10.00

Bernetha G. Letsch, County Clerk
By Annette Mueller

06-27-95A10:52 RCVD