CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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07-18-95P0151 RCVD

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Gary	Allen	Turner	MARCH 26, 1981	1955

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)
Male	Caucasian		May 1, 1954	26 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CA	Gary J. Turner - OK	Colleen Pachy - CA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	556-92-3982	Never Married	

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Cement Finisher	8	Gary J. Turner Co.	Construction

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
10161/2 California		Huntington Beach

19D. COUNTY	19E. STATE
Orange	California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Mr. Gary J. Turner, father
7125 El Cerro Drive
Buena Park, California 90620

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
STREET	LOS ANGELES

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
RANDOLPH AND RIVER DR.	BELL

CAUSE OF DEATH

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE
(A) HEMOTHORAX
DUE TO, OR AS A CONSEQUENCE OF
(B) CRUSHING INJURIES TO CHEST
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 81-4068
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO

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

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 FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
ACCIDENT	STREET	UNKNOWN	MARCH 26, 1981	1945

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
RANDOLPH AND RIVER DR., BELL

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
TRUCK (DRIVER) VS. FIXED OBJECT

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 (INQUEST-INVESTIGATION)
35B. CORONER—SIGNATURE AND OFFICE OF THOMAS CHI, M.D., Coroner
ANGELES, CALIF. 90033
35C. DATE SIGNED 3-27-81

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	3-31-81	4471 Lincoln Avenue Forest Lawn Memorial Park Cypress, Ca.	n6788

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
Forest Lawn Mortuary Cypress, Ca.

41. LOCAL REGISTRAR—SIGNATURE

42. DATE ACCEPTED BY LOCAL REGISTRAR
MAR 3 0 1981

STATE REGISTRAR

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

VS-11 (10-78)

01-6-3-7

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
APR 9 1981
Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Gary Turner the 18th day of July A.D., 19 95 at 1:51 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 18546.

Bernetha G. Letsch, County Clerk
By Lynette Gilday

FEE $10.00

RETURN: Gary Turner
P.O. Box 914
Valley Springs, CA 95252