9671

ATC # 01043975 Vol. M95 Page 32353

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

USE BLACK INK ONLY/NO SMUDGES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

11-28-95 A11:19 RCVD

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): CURTIS
2. MIDDLE: SIDNEY
3. LAST (FAMILY): JOHNSON
4. DATE OF BIRTH MM/DD/CCYY: 08/03/1927
5. AGE YRS.: 67
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: MALE
7. DATE OF DEATH MM/DD/CCYY: 06/02/1995
8. HOUR: 0250
9. STATE OF BIRTH: MINNESOTA
10. SOCIAL SECURITY NO.: 476-26-6734
11. MILITARY SERVICE: 19 ___ TO 19 ___ [ ] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION —YEARS COMPLETED: 12
14. RACE: CAU/AMERICAN
15. HISPANIC—SPECIFY: [ ] YES ___ [X] NO
16. USUAL EMPLOYER: SELF-EMPLOYED
17. OCCUPATION: CARPENTER
18. KIND OF BUSINESS: CONSTRUCTION
19. YEARS IN OCCUPATION: 35

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 1228 BUBBLING WELL ROAD
21. CITY: WEST COVINA
22. COUNTY: LOS ANGELES
23. ZIP CODE: 91790
24. YRS IN COUNTY: 60
25. STATE OR FOREIGN COUNTRY: CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP: SIGRID JEAN JOHNSON - WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 1228 BUBBLING WELL WEST COVINA, CA 91790

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: SIGRID
29. MIDDLE: JEAN
30. LAST (MAIDEN NAME): NELSON
31. NAME OF FATHER—FIRST: SIDNEY
32. MIDDLE: -
33. LAST: JOHNSON
34. BIRTH STATE: SWEDEN
35. NAME OF MOTHER—FIRST: CLARENZA
36. MIDDLE: -
37. LAST (MAIDEN): FOSLIN
38. BIRTH STATE: MINNESOTA

DISPOSITION(S)

39. DATE MM/DD/CCYY: 06/14/1995
40. PLACE OF FINAL DISPOSITION: RES: SIGRID JEAN JOHNSON 1228 BUBBLING WELL, WEST COVINA, CA 91790

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: ▶ NOT EMBALMED
43. LICENSE NO.: -
44. NAME OF FUNERAL DIRECTOR: NEPTUNE SOCIETY - BURBANK
45. LICENSE NO.: F-1289
46. SIGNATURE OF LOCAL REGISTRAR: ▶ Robert Stetz
47. DATE MM/DD/CCYY: 06/13/1995

PLACE OF DEATH

101. PLACE OF DEATH: AMBASSADOR HEALTH CARE SNF
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. [X] OTHER
104. COUNTY: LOS ANGELES
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1495 WEST CAMERON
106. CITY: WEST COVINA

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)	CARDIO-RESPIRATORY ARREST	MINS.
DUE TO (B)	CARCINOMA OF THE LUNG WITH DISTANT METASTASES	MONTHS
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [X] YES [X] NO
REFERRAL NUMBER: 95-53831
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? IF YES, LIST TYPE OF OPERATION AND DATE.
10 BRONCHOSCOPY 02/16/1995

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: 02/16/1995
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/08/1995
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature]
116. LICENSE NO.: A049715
117. DATE MM/DD/CCYY: 06/07/1995
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: L. MAKANDURA, M.D. 1135 SUNSET AVE. WEST COVINA, CA 91790

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

Return to:
Sigrid Johnson
434 East Rd
La Habra Ca 90631

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.

LOS ANGELES COUNTY STATE OF CALIFORNIA

JUN 13 1995

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Director of Health Services and Registrar

Unofficial Copy

32354

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 28th day of November A.D., 19 95 at 11:19 o'clock A.M., and duly recorded in Vol. M95, of Deeds on Page 32353.

Bernetha G. Letsch, County Clerk

FEE $15.00

By Annette Mueller

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