

11-28-95A11:19 RCVD

STATE FILE NUMBER	LOCAL REGISTRATION NUMBER	
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	6. SEX MALE
9. STATE OF BIRTH MINNESOTA	10. SOCIAL SECURITY NO. 476-26-6734	11. MILITARY SERVICE 19 TO 19 <input type="checkbox"/> NONE
14. RACE CAU/AMERICAN	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. MARITAL STATUS MARRIED
17. OCCUPATION CARPENTER	18. KIND OF BUSINESS CONSTRUCTION	13. EDUCATION—YEARS COMPLETED 12
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
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	
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
35. NAME OF MOTHER—FIRST CLARENZA	36. MIDDLE -	37. LAST (MAIDEN) FOSLIN
39. DATE MM/DD/CCYY 06/14/1995	40. PLACE OF FINAL DISPOSITION RES: SIGRID JEAN JOHNSON 1228 BUBBLING WELL, WEST COVINA, CA 91790	34. BIRTH STATE MINNESOTA
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 <i>Robert Mats</i>
47. DATE MM/DD/CCYY 06/13/1995	101. PLACE OF DEATH AMBASSADOR HEALTH CARE SNF	102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input checked="" type="checkbox"/> OTHER
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1495 WEST CAMERON	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input checked="" type="checkbox"/> OTHER	104. COUNTY LOS ANGELES
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	106. CITY WEST COVINA	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-53831
IMMEDIATE CAUSE (A) CARDIO-RESPIRATORY ARREST	TIME INTERVAL BETWEEN ONSET AND DEATH MINS.	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B) CARCINOMA OF THE LUNG WITH DISTANT METASTASES	MONTHS	110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (C)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (D)		
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. BRONCHOSCOPY 02/16/1995		
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 <i>Letter</i>	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	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> 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.
JUN 13 1995
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Director of Health Services and Registrar
Robert Mats

