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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 00681
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
ALGER	CLARK	WAKEFIELD, SR.	January 12,1983	0625

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	White	German/English	November 11, 1912	70 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Minnesota	Allie C. Wakefield - Iowa	Fern Alma Clark - Iowa

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
United States	567 03 2196	Married	Mary Mildred Pynch

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Owner Lumber Inspector	30	Western Inspection Service	Lumber

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1800 Wallace Apt. #D		Costa Mesa

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Orange	California	Mary Mildred Wakefield-Wife 1800 Wallace Apt.#D Costa Mesa, CA. 92627

21A. PLACE OF DEATH	21B. COUNTY	
Kaiser-Canyon General Hospital	Orange	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
441 North Lakeview	Anaheim	

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

IMMEDIATE CAUSE
(A) Respiratory arrest — 5days
DUE TO, OR AS A CONSEQUENCE OF
(B) Cardiogenic shock — 4 Days
DUE TO, OR AS A CONSEQUENCE OF
(C) Myocardial infarction

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22. WAS DEATH REPORTED TO CORONER? no

25. WAS BIOPSY PERFORMED? no

26. WAS AUTOPSY PERFORMED? no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Type II diabetes mellitus

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: no DATE:

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (MO. DA. YR.)	LAST SAW DECEDENT ALIVE (MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
1981	10 83	Michael Janoff	1/13/83	G 29538

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Michael Janoff,M.D. 441 North Lakeview, Anaheim, Ca.

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

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 DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Jan. 17, 1983	Santa Clara Mission Cemetery, Santa Clara, CA	7133

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Daly & Bartel Mortuary #1060		JAN 17 1983

STATE REGISTRAR — A. | B. | C. | D. | E. | F.

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE

Fee: $4.00 Date: JAN 25 1983 Santa Ana, California

For Veteran's Purposes ☐

Health Officer and Local Registrar of Births and Deaths of Orange County

WHEN RECORDED RETURN TO:
MARY M. WAKEFIELD
693 LOS OLIVOS DRIVE
SANTA CLARA, CA 95050

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title Company the 23rd day of February A.D., 19 96 at 3:33 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 5071.

FEE 10.00

Bernetha G. Letsch, County Clerk

By