14181 | CERTIFICATE OF DEATH STATE OF CALIFORNIA | Vol. M96 Page 5847 406

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	County 0645
James	William	Stout	February 13, 1982	

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	--	February 6, 1925	57 years

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
MO	Otis Theadore Stout - MO	Laura May Ade - MO

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U. S. A.	513-16-3500	Married	Evelyn Tracy Russell

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Unknown	30	U. S. Navy Department	National Defense

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
345 Ibsen Place		Oxnard

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Ventura	CA	Self Before Demise

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Ventura
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
345 Ibsen Place	Oxnard

CAUSE OF DEATH

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

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

(A) Broncho-lobar pneumonia with

DUE TO, OR AS A CONSEQUENCE OF

(B) early lung abscess

DUE TO, OR AS A CONSEQUENCE OF

(C) Vesicular pulmonary emphysema

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes 199-82

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Fatty metamorphosis of liver

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

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

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

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

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): Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: JOHN E. HOLLOWAY, M.D. ASS'T MEDICAL EXAMINER

35C. DATE SIGNED: 2-14-82

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
remation	2/18/82	Angeles Abby Crematory, Compton, CA	Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
The Neptune Society 1309	Sarah L. Miller M.D.	FEB 17 1982

STATE REGISTRAR

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

VS-11 (10-78)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

COUNTY OF VENTURA CALIFORNIA

FEE $3.00

FEB 25 1982
DATE

Sarah L. Miller, M.D., Health Officer and Registrar

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Cassidy A Marsh the 4th day of March A.D., 19 96 at 9:47 o'clock A M., and duly recorded in Vol. M96 of Deeds on Page 5847.

FEE $10.00

Return: Cassidy A Marsh
345 Ibsen Place
Oxnard, California 93035

Bernetha G. Letsch, County Clerk
By