

14910

96 MAR 19 11:36
CERTIFICATE OF DEATHVol. m96 Page. 7383

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Dewey		2. MIDDLE Herbert		3. LAST (FAMILY) Tweedie			
4. DATE OF BIRTH MM/DD/CCYY 02/03/1917		5. AGE YRS. 78		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 11/07/1995	
8. HOUR 0647		9. STATE OF BIRTH WA		10. SOCIAL SECURITY NO. 559-10-0154		11. MILITARY SERVICE 19 TO 19 NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Murry Biological Co		17. OCCUPATION Printer		18. KIND OF BUSINESS Printing Co		19. YEARS IN OCCUPATION 20	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 151 E. 68th St.		21. CITY Long Beach		22. COUNTY Los Angeles		23. ZIP CODE 90805	
24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Florence J. Tweedie Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 151 E. 68th St. Long Beach, CA. 90805	
28. NAME OF SURVIVING SPOUSE—FIRST Florence		29. MIDDLE J.		30. LAST (MAIDEN NAME) Lago		31. NAME OF FATHER—FIRST Riley	
32. MIDDLE -		33. LAST Tweedie		34. BIRTH STATE Unk		35. NAME OF MOTHER—FIRST Betty	
36. MIDDLE -		37. LAST (MAIDEN) Swan		38. BIRTH STATE Unk		39. DATE MM/DD/CCYY 11/10/1995	
40. PLACE OF FINAL DISPOSITION Forest Lawn Memorial Park 21300 Via Verde Dr. Covina, CA. 91723		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Sune Morrow</i>		43. LICENSE NO. 7589	
44. NAME OF FUNERAL DIRECTOR Forest Lawn Mortuary-Covina		45. LICENSE NO. FD1150		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Hite</i>		47. DATE MM/DD/CCYY 11/09/1995	
101. PLACE OF DEATH Charter Comm. Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Los Angeles	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 21530 S. Pioneer Blvd.		106. CITY Hawaiian Gardens		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-57324	
IMMEDIATE CAUSE (A) Cardiac Arrest		DUE TO (B) Irreversible Shock		DUE TO (C) Ruptured Aneurysm		DUE TO (D) Generalized Cardiovascular Disease	
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. Repair Of Abdominal Aneurysm 11/06/1995		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 11/06/1995 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 11/07/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>Marek Zalewski</i>	
116. LICENSE NO. A053903		117. DATE MM/DD/CCYY 11/09/1995		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Marek Zalewski, M.D., 3791 Katella Ave., Los Alamitos, CA 90720		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 checked="" 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 <i>Robert C. Hite</i>		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. #		130. CENSUS TRACT		131. STATE REGISTRAR	

STATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

Professional Land Service.

on this 19th day of March A.D., 19 96
at 11:36 o'clock A.M. and duly recorded
in Vol. M96 of Deeds Page 7383

Bernetha G Letsch, County Clerk

By *Cheryl Sussner* Deputy.

Fee, \$10.00

Return: Professional Land Service
405 Alberto Way Suite #C
Los Gatos, California 95032THIS IS A TRUE COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN
PURPLE INK.

NOV 13 1995

50

Director of Health Services and Registrar