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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER

3-1996-62 000609

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): James
2. MIDDLE: P
3. LAST (FAMILY): Danaher
4. DATE OF BIRTH MM/DD/CCYY: 07/22/1926
5. AGE YRS.: 69
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: MALE
7. DATE OF DEATH MM/DD/CCYY: 02/12/1996
8. HOUR: 1415
9. STATE OF BIRTH: UNKNOWN
10. SOCIAL SECURITY NO.: 559-20-2146
11. MILITARY SERVICE: 19 ___ TO 19 ___ [ ] NONE
12. MARITAL STATUS: DIVORCED
13. EDUCATION —YEARS COMPLETED: UNKNOWN
14. RACE: WHITE
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: UNKNOWN
17. OCCUPATION: UNKNOWN
18. KIND OF BUSINESS: UNKNOWN
19. YEARS IN OCCUPATION: UNKNOWN

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 1343 S. WEST STREET
21. CITY: ANAHEIM
22. COUNTY: ORANGE
23. ZIP CODE: 92802
24. YRS IN COUNTY: UNKNOWN
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: VA MEDICAL CENTER
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 5901 E. 7th STREET, LONG BEACH, CA 90822

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: -
29. MIDDLE: -
30. LAST (MAIDEN NAME): -
31. NAME OF FATHER—FIRST: UNKNOWN
32. MIDDLE: UNKNOWN
33. LAST: UNKNOWN
34. BIRTH STATE: UNK
35. NAME OF MOTHER—FIRST: UNKNOWN
36. MIDDLE: UNKNOWN
37. LAST (MAIDEN): UNKNOWN
38. BIRTH STATE: UNK

DISPOSITION(S)

39. DATE MM/DD/CCYY: 02/28/1996
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN, RIVERSIDE, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: ▶ Joseph Kunder
43. LICENSE NO.: 5041
44. NAME OF FUNERAL DIRECTOR: BROTHERS MORTUARY
45. LICENSE NO.: FD642
46. SIGNATURE OF LOCAL REGISTRAR: ▶ Darryl M. Sytsma MD
47. DATE MM/DD/CCYY: 02 / 26 / 1996

PLACE OF DEATH

101. PLACE OF DEATH: VA Medical Center
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [X] CONV. HOSP. [ ] RES. [ ] OTHER
104. COUNTY: Los Angeles
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 5901 East Seventh Street
106. CITY: Long Beach

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)	Cardiorespiratory Failure	Minutes
DUE TO (B)	Congestive Heart Failure	Years
DUE TO (C)	Coronary Artery Disease	Years
DUE TO (D)	None	

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [X] NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Alcoholic Liver Disease
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (IF YES, LIST TYPE OF OPERATION AND DATE): No

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. VA
DECEDENT ATTENDED SINCE MM/DD/CCYY: 11/29/1995
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 02/12/1996
115. SIGNATURE AND TITLE OF CERTIFIER: ▶
116. LICENSE NO.: A 30784
117. DATE MM/DD/CCYY: 02/13/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Moti L. Kashyap, M.D., 5901 E. 7th St., Long Beach, Ca. 90822

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: Key Title Co, P.O. Box 6178, Bend, Oregon 97708-6178

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Klamath County Title Company
on this 1st day of April A.D., 19 96
at 2:56 o'clock P.M. and duly recorded
in Vol. M96 of Deeds Page 9081.
Bernetha G. Letsch, County Clerk
By Lynette Mertz Deputy.

Fee, $10.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE CITY OF LONG BEACH DEPARTMENT OF PUBLIC HEALTH IF IT BEARS THIS STAMP IN PURPLE INK.

MAR 01 1996

INITIAL — Darryl M. Sytsma, MD, Health Officer and Registrar