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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

3-1996-62 000609

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
James	P	Danaher

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
07/22/1926	69			MALE	02/12/1996	1415

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
UNKNOWN	559-20-2146	19 ___ TO 19 ___ ☐ NONE	DIVORCED	UNKNOWN

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	☐ YES ☒ NO	UNKNOWN

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
UNKNOWN	UNKNOWN	UNKNOWN

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 1343 S. WEST STREET

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
ANAHEIM	ORANGE	92802	UNKNOWN	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
VA MEDICAL CENTER	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	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNK
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNK

DISPOSITION(S)

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	▶ Joseph Kruder	5041

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
BROTHERS MORTUARY	FD642	▶ Daniel M. Sytton MD	02/26/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
VA Medical Center	☐ IP ☐ ER/OP ☐ DOA	☒ CONV. HOSP. ☐ RES. ☐ OTHER	Los Angeles

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
5901 East Seventh Street	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 ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ 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.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
11/29/1995	02/12/1996

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature]

116. LICENSE NO.	117. DATE MM/DD/CCYY
A 30784	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	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

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 C. Letsch, County Clerk
By [signature] 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 0 1 1996

[signature] Daniel M. Sytton, M.D.
INITIAL Health Officer and Registrar