

20535

96 JUN 27

P 37 WTC

08/05/94

CERTIFICATE OF DEATH

Pol. m96 Page 19173

STATE FILE NUMBER

PLACE INK ONLY

BRASSER, WHITE OUTS OR ALTERATIONS
5-11 (REV. 7/89)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) GEORGE		2. MIDDLE ELVIN		3. LAST (FAMILY) Harris	
	4. DATE OF BIRTH MM/DD/CCYY 06/22/1926		5. AGE YRS. 68		6. SEX M	
	7. DATE OF DEATH MM/DD/CCYY 08/02/1994		8. HOUR 0855			
	9. STATE OF BIRTH NB		10. SOCIAL SECURITY NO. 520-18-2509		11. MILITARY SERVICE NO	
USUAL RESIDENCE	12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 8			
	14. RACE CAUCASIAN		15. USUAL EMPLOYER MR. BOB'S			
	16. OCCUPATION OWNER/OPERATOR		17. KIND OF BUSINESS RESTAURANT		18. YEARS IN OCCUPATION 15	
	19. RESIDENCE—STREET AND NUMBER OR LOCATION 7160 DINWIDDIE		20. CITY DOWNEY		21. COUNTY LOS ANGELES	
INFORMANT	22. ZIP CODE 90241		23. YRS IN COUNTY 43		24. STATE OR FOREIGN COUNTRY CALIFORNIA	
	25. NAME, RELATIONSHIP THELMA P. HARRIS—WIFE		26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 7160 DINWIDDIE, DOWNEY, CA 90241			
	27. NAME OF SURVIVING SPOUSE—FIRST THELMA		28. MIDDLE LARGENT		29. LAST (MAIDEN NAME) HARRIS	
	30. NAME OF FATHER—FIRST GEORGE		31. MIDDLE IVERETT		32. LAST HARRIS	
SPOUSE AND PARENT INFORMATION	33. NAME OF MOTHER—FIRST DE LILA		34. MIDDLE DILLEY		35. LAST (MAIDEN) DILLEY	
	36. DATE MM/DD/CCYY 08/08/1994		37. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630			
	38. TYPE OF DISPOSITION(S) BU		39. NAME OF FUNERAL DIRECTOR Forest Lawn Mortuary, Cypress		40. LICENSE NO. 7418	
	41. SIGNATURE OF LOCAL REGISTRAR Robert C. Mante		42. DATE MM/DD/CCYY 08/05/1994			
PLACE OF DEATH	101. PLACE OF DEATH Presbyterian Intercommunity Hosp.		102. IF HOSPITAL, SPECIFY ONE ☒ IP ☐ ER/OP ☐ DOA ☐ CONV. HOSP. ☐ RES. ☐ OTHER		103. FACILITY OTHER THAN HOSPITAL: Los Angeles	
	104. STREET ADDRESS—STREET AND NUMBER OR LOCATION 12401 Washington Blvd.		105. CITY Whittier		106. COUNTY Los Angeles	
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) MYOCARDIAL INFARCTION		108. TIME INTERVAL BETWEEN ONSET AND DEATH MINS		109. DEATH REPORTED TO CORONER ☐ YES ☒ NO	
	110. DUE TO (B) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		111. YEARS		112. BIOPSY PERFORMED ☐ YES ☒ NO	
CAUSE OF DEATH	113. DUE TO (C)		114. AUTOPSY PERFORMED ☒ YES ☐ NO		115. USED IN DETERMINING CAUSE ☐ YES ☒ NO	
	116. DUE TO (D)		117. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED TO CAUSE GIVEN IN 107 ABDOMINAL MASS—POSSIBLY CANCER		118. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127? IF YES, LIST TYPE OF OPERATION AND DATE. NO	
	119. PHYSICIAN'S CERTIFICATION 08/01/1994		120. SIGNATURE AND TITLE OF CERTIFIER Laura K. Sullivan MD		121. LICENSE NO. G55298	
	122. DATE MM/DD/CCYY 08/01/1994		123. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP LAURA K. SULLIVAN, MD 10720 S. PARAMOUNT, DOWNEY, CA 90241		124. DATE MM/DD/CCYY 08/02/1994	
CORONER'S USE ONLY	125. I CERTIFY THAT IN MY OPINION DEATH (CAUSED) AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ CORONER'S DELIBERATION		126. INJURY AT WORK ☐ YES ☒ NO		127. INJURY DATE MM/DD/CCYY 08/02/1994	
	128. DESCRIBE HOW INJURY OCCURRED (EVEN IF WHICH RESULTED IN INJURY)		129. PLACE OF INJURY		130. CITY	
	131. LOCATION (STREET AND NUMBER OR LOCATION) AND CITY AND ZIP CODE		132. SIGNATURE OF CORONER OR DEPUTY CORONER		133. DATE MM/DD/CCYY	
	134. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		135. FAX AUTH. #		136. CENSUS TRACT	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICE. IF IT BEARS THIS SEAL, IT
IS TRUE.

AUG - 5 1994

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JUL 1994

19174

STATE OF OREGON: COUNTY OF CLATSOP: SS.

Filed for record at request of _____ / mer Title _____ the 27th day
of June A.D., 19 96 at 2:37 o'clock P.M., and duly recorded in Vol. M96
of Dred: _____ on Page 19173.

FINE \$10.00

By Bernetha G. Letsch, County Clerk

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