STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

23865

MTC 38218KR Vol. M96 Page 26486

90-007120

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-90-30-001405

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

'96 AUG 27 A11:54

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT (First) June — 1B. (Middle) G. — 1C. (Last) Hamor

2A. DATE OF DEATH — Mo. Day, Yr. February 1, 1990 — 2B. HOUR 2143 — 3. SEX F

4. RACE White — 5. SPANISH/HISPANIC — SPECIFY ☐ YES ☐ NO — 6. DATE OF BIRTH — Mo. Day, Yr. March 28, 1919 — 7. AGE IN YEARS 70 — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES

8. STATE OF BIRTH CA — 9. CITIZEN OF WHAT COUNTRY U.S.A. — 10A. FULL NAME OF FATHER Von Gentry — 10B. STATE OF BIRTH OK — 11A. FULL MAIDEN NAME OF MOTHER Ruth Spaulding — 11B. STATE OF BIRTH PA

12. MILITARY SERVICE? 19 ___ TO 19 ___ ☒ NONE — 13. SOCIAL SECURITY NO. 568-07-5845 — 14. MARITAL STATUS Married — 15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME John B. Hamor

16A. USUAL OCCUPATION Homemaker — 16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home — 16C. USUAL EMPLOYER Self — 16D. YEARS IN OCCUPATION 50 — 17. EDUCATION — YEARS COMPLETED 12

USUAL RESIDENCE

18A. RESIDENCE — STREET AND NUMBER OR LOCATION 13151 Vener Dr. — 18B. CITY Garden Grove — 18C. ZIP CODE 92644

18D. COUNTY Orange — 18E. NUMBER OF YEARS IN THIS COUNTY 35 — 18F. STATE OR FOREIGN COUNTRY CA — 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT John Hamor - Husband 13151 Vener Dr. Garden Grove, CA 92644

PLACE OF DEATH

19A. PLACE OF DEATH P.H.P. Hospital — 19B. IF HOSPITAL, SPECIFY Dead On Arr., In Patient, ER/OP, DOA IP — 19C. COUNTY Orange

19D. STREET ADDRESS (If not institution, give location) 9920 Talbert — 19E. CITY Fountain Valley — TIME INTERVAL BETWEEN ONSET AND DEATH — 22. WAS DEATH REFERRED TO CORONER? ☐ YES ☒ NO (MEDICAL EXAMINER)

CAUSE OF DEATH

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

IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST — min.

DUE TO (b) SEPSIS — hours

DUE TO (c) POST OBSTRUCTIVE PNEUMONIA — days

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: BRONCHOGENIC CARCINOMA

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. None

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE — Month, Day, Year 02/01/90 — DECEDENT LAST SEEN ALIVE — Month, Day, Year 02/01/90

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN JN Nguyen MD — 27C. PHYSICIAN'S LICENSE NUMBER 958897 — 27D. DATE SIGNED 02/02/90

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS S. Nguyen, M.D., 9920 Talbert, Fountain Valley, CA

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. — 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER — 28B. DATE SIGNED

29. MANNER OF DEATH — 30A. PLACE OF INJURY — 30B. INJURY AT WORK ☐ YES ☐ NO — 30C. DATE OF INJURY Month, Day, Year — 31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) — 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION CR/Sea — 34B. PLACE OF FINAL DISPOSITION — NAME AND ADDRESS 3 miles off Newport Beach, CA — 34C. DATE Mo. Day, Year 2/07/90 — 35A. SIGNATURE OF EMBALMER Not Embalmed — 35B. LICENSE NUMBER

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Dimond &Sons Mettler Mortuary — 36B. LICENSE NO. 763 — 37. SIGNATURE OF LOCAL REGISTRAR L Kay Eddings, A.R.S. — 38. REGISTRATION DATE FEB 5 1990

STATE REGISTRAR

A. 1 — B. X — C. 2 — D. — E. — F. — CENSUS TRACT

147557

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshe, Director and State Registrar of Vital Records and Statistics

by: Peter Abbott

GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS

DATE ISSUED AUG 14 1996

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 27th day of August A.D., 19 96 at 11:54 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 26486.

FEE $10.00

Bernetha G Letsch, County Clerk

By