

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

23865

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90-007120

CERTIFICATE OF DEATH

3-90-30-001405

STATE FILE NUMBER		1A. NAME OF DECEASED		1B. SEX	1C. LAST NAME		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
June		G.			Habor		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR	
4. RACE		5. SPANISH/HERNANDEZ—Specify		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. SEX
White		☐ YES ☐ NO		March 28, 1919		70		2143 F
9. STATE OF BIRTH	10. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
CA	U.S.A.	Von Centry		OK		Ruth Spaulding		PA
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME		
		568-07-5845		Married		John B. Habor		
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED
Homemaker		Own Home		Self		50		12
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE				
13151 Vener Dr.		Garden Grove		92644				
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. RACE, RELATIONSHIP, BAILING ADDRESS AND ZIP CODE OF INFORMANT		
Orange		35		CA		John Habor - Husband		
19A. PLACE OF DEATH		19B. IN HOSPITAL, BROUPE, OR IN HOME		19C. COUNTY		19D. CITY		
F.H.P. Hospital		IP		Orange		13151 Vener Dr.		
19E. STREET ADDRESS		19F. STREET AND NUMBER (IN THE CITY)		19G. CITY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		
9920 Talbert		Fountain Valley				22. WAS DEATH REFERRED TO CORONER? ☐ YES ☒ NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REFERRED TO CORONER?		23. WASopsy PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?
(A) CARDIO PULMONARY ARREST		☐ YES ☒ NO		min.		☐ YES ☒ NO		☐ YES ☒ NO
DUE TO (B) SEPSIS				hours		☐ YES ☒ NO		☐ YES ☒ NO
DUE TO (C) POST OBSTRUCTIVE PNEUMONIA				days		☐ YES ☒ NO		☐ YES ☒ NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?		26. YES, LIST TYPE OF OPERATION AND DATE.				
BRONCHOGENIC CARCINOMA		None						
27A. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		27B. SIGNATURE AND DEGREE OF TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED		
27A. DECEDENT ATTENDED ONCE, DECEDENT LAST BEEN ALIVE		S. Nguyen, M.D.		958897		02/02/90		
27A. MONTH, DAY, YEAR		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		27D. DATE SIGNED		
02/01/90		S. Nguyen, M.D., 9920 Talbert, Fountain Valley, CA						
28. MANNER OF DEATH—(IF BY MEANS OF VIOLENCE, state cause, pending investigation if cause not in evidence)		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		31. HOUR
				☐ YES ☐ NO		MONTH, DAY, YEAR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
34A. DISPOSITION		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
CR/Sea		3 miles off Newport Beach, CA		2/07/90		Not Embalmed		
36A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		
Diamond & Sons Mettler Mortuary		763		F. H. Habor, Jr.		FEB 5 1990		
39. A. ☐ B. ☒ C. ☐ D. ☐ E. ☐ F. ☐ G. ☐ H. ☐ I. ☐ J. ☐ K. ☐ L. ☐ M. ☐ N. ☐ O. ☐ P. ☐ Q. ☐ R. ☐ S. ☐ T. ☐ U. ☐ V. ☐ W. ☐ X. ☐ Y. ☐ Z. ☐ AA. ☐ AB. ☐ AC. ☐ AD. ☐ AE. ☐ AF. ☐ AG. ☐ AH. ☐ AI. ☐ AJ. ☐ AK. ☐ AL. ☐ AM. ☐ AN. ☐ AO. ☐ AP. ☐ AQ. ☐ AR. ☐ AS. ☐ AT. ☐ AU. ☐ AV. ☐ AW. ☐ AX. ☐ AY. ☐ AZ. ☐ BA. ☐ BB. ☐ BC. ☐ BD. ☐ BE. ☐ BF. ☐ BG. ☐ BH. ☐ BI. ☐ BJ. ☐ BK. ☐ BL. ☐ BM. ☐ BN. ☐ BO. ☐ BP. ☐ BQ. ☐ BR. ☐ BS. ☐ BT. ☐ BU. ☐ BV. ☐ BW. ☐ BX. ☐ BY. ☐ BZ. ☐ CA. ☐ CB. ☐ CC. ☐ CD. ☐ CE. ☐ CF. ☐ CG. ☐ CH. ☐ CI. ☐ CJ. ☐ CK. ☐ CL. ☐ CM. ☐ CN. ☐ CO. ☐ CP. ☐ CQ. ☐ CR. ☐ CS. ☐ CT. ☐ CU. ☐ CV. ☐ CW. ☐ CX. ☐ CY. ☐ CZ. ☐ DA. ☐ DB. ☐ DC. ☐ DD. ☐ DE. ☐ DF. ☐ DG. ☐ DH. ☐ DI. ☐ DJ. ☐ DK. ☐ DL. ☐ DM. ☐ DN. ☐ DO. ☐ DP. ☐ DQ. ☐ DR. ☐ DS. ☐ DT. ☐ DU. ☐ DV. ☐ DW. ☐ DX. ☐ DY. ☐ DZ. ☐ EA. ☐ EB. ☐ EC. ☐ ED. ☐ EE. ☐ EF. ☐ EG. ☐ EH. ☐ EI. ☐ EJ. ☐ EK. ☐ EL. ☐ EM. ☐ EN. ☐ EO. ☐ EP. ☐ EQ. ☐ ER. ☐ ES. ☐ ET. ☐ EU. ☐ EV. ☐ EW. ☐ EX. ☐ EY. ☐ EZ. ☐ FA. ☐ FB. ☐ FC. ☐ FD. ☐ FE. ☐ FF. ☐ FG. ☐ FH. ☐ FI. ☐ FJ. ☐ FK. ☐ FL. ☐ FM. ☐ FN. ☐ FO. ☐ FP. ☐ FQ. ☐ FR. ☐ FS. ☐ FT. ☐ FU. ☐ FV. ☐ FW. ☐ FX. ☐ FY. ☐ FZ. ☐ GA. ☐ GB. ☐ GC. ☐ GD. ☐ GE. ☐ GF. ☐ GH. ☐ GI. ☐ GJ. ☐ GK. ☐ GL. ☐ GM. ☐ GN. ☐ GO. ☐ GP. ☐ GQ. ☐ GR. ☐ GS. ☐ GT. ☐ GU. ☐ GV. ☐ GW. ☐ GX. ☐ GY. ☐ GZ. ☐ HA. ☐ HB. ☐ HC. ☐ HD. ☐ HE. ☐ HF. ☐ HG. ☐ HH. ☐ HI. ☐ HJ. ☐ HK. ☐ HL. ☐ HM. ☐ HN. ☐ HO. ☐ HP. ☐ HQ. ☐ HR. ☐ HS. ☐ HT. ☐ HU. ☐ HV. ☐ HW. ☐ HX. ☐ HY. ☐ HZ. ☐ IA. ☐ IB. ☐ IC. ☐ ID. ☐ IE. ☐ IF. ☐ IG. ☐ IH. ☐ II. ☐ IJ. ☐ IK. ☐ IL. ☐ IM. ☐ IN. ☐ IO. ☐ IP. ☐ IQ. ☐ IR. ☐ IS. ☐ IT. ☐ IU. ☐ IV. ☐ IW. ☐ IX. ☐ IY. ☐ IZ. ☐ JA. ☐ JB. ☐ JC. ☐ JD. ☐ JE. ☐ JF. ☐ JG. ☐ JH. ☐ JI. ☐ JJ. ☐ JK. ☐ JL. ☐ JM. ☐ JN. ☐ JO. ☐ JP. ☐ JQ. ☐ JR. ☐ JS. ☐ JT. ☐ JU. ☐ JV. ☐ JW. ☐ JX. ☐ JY. ☐ JZ. ☐ KA. ☐ KB. ☐ KC. ☐ KD. ☐ KE. ☐ KF. ☐ KH. ☐ KI. ☐ KJ. ☐ KK. ☐ KL. ☐ KM. ☐ KN. ☐ KO. ☐ KP. ☐ KQ. ☐ KR. ☐ KS. ☐ KT. ☐ KU. ☐ KV. ☐ KW. ☐ KX. ☐ KY. ☐ KZ. ☐ LA. ☐ LB. ☐ LC. ☐ LD. ☐ LE. ☐ LF. ☐ LG. ☐ LH. ☐ LI. ☐ LJ. ☐ LK. ☐ LL. ☐ LM. ☐ LN. ☐ LO. ☐ LP. ☐ LQ. ☐ LR. ☐ LS. ☐ LT. ☐ LU. ☐ LV. ☐ LW. ☐ LX. ☐ LY. ☐ LZ. ☐ MA. ☐ MB. ☐ MC. ☐ MD. ☐ ME. ☐ MF. ☐ MG. ☐ MH. ☐ MI. ☐ MJ. ☐ MK. ☐ ML. ☐ MM. ☐ MN. ☐ MO. ☐ MP. ☐ MQ. ☐ MR. ☐ MS. ☐ MT. ☐ MU. ☐ MV. ☐ MW. ☐ MX. ☐ MY. ☐ MZ. ☐ NA. ☐ NB. ☐ NC. ☐ ND. ☐ NE. ☐ NF. ☐ NG. ☐ NH. ☐ NI. ☐ NJ. ☐ NK. ☐ NL. ☐ NM. ☐ NN. ☐ NO. ☐ NP. ☐ NQ. ☐ NR. ☐ NS. ☐ NT. ☐ NU. ☐ NV. ☐ NW. ☐ NX. ☐ NY. ☐ NZ. ☐ OA. ☐ OB. ☐ OC. ☐ OD. ☐ OE. ☐ OF. ☐ OG. ☐ OH. ☐ OI. ☐ OJ. ☐ OK. ☐ OL. ☐ OM. ☐ ON. ☐ OO. ☐ OP. ☐ OQ. ☐ OR. ☐ OS. ☐ OT. ☐ OU. ☐ OV. ☐ OW. ☐ OX. ☐ OY. ☐ OZ. ☐ PA. ☐ PB. ☐ PC. ☐ PD. ☐ PE. ☐ PF. ☐ PG. ☐ PH. ☐ PI. ☐ PJ. ☐ PK. ☐ PL. ☐ PM. ☐ PN. ☐ PO. ☐ PP. ☐ PQ. ☐ PR. ☐ PS. ☐ PT. ☐ PU. ☐ PV. ☐ PW. ☐ PX. ☐ PY. ☐ PZ. ☐ QA. ☐ QB. ☐ QC. ☐ QD. ☐ QE. ☐ QF. ☐ QG. ☐ QH. ☐ QI. ☐ QJ. ☐ QK. ☐ QL. ☐ QM. ☐ QN. ☐ QO. ☐ QP. ☐ QQ. ☐ QR. ☐ QS. ☐ QT. ☐ QU. ☐ QV. ☐ QW. ☐ QX. ☐ QY. ☐ QZ. ☐ RA. ☐ RB. ☐ RC. ☐ RD. ☐ RE. ☐ RF. ☐ RG. ☐ RH. ☐ RI. ☐ RJ. ☐ RK. ☐ RL. ☐ RM. ☐ RN. ☐ RO. ☐ RP. ☐ RQ. ☐ RR. ☐ RS. ☐ RT. ☐ RU. ☐ RV. ☐ RW. ☐ RX. ☐ RY. ☐ RZ. ☐ SA. ☐ SB. ☐ SC. ☐ SD. ☐ SE. ☐ SF. ☐ SG. ☐ SH. ☐ SI. ☐ SJ. ☐ SK. ☐ SL. ☐ SM. ☐ SN. ☐ SO. ☐ SP. ☐ SQ. ☐ SR. ☐ SS. ☐ ST. ☐ SU. ☐ SV. ☐ SW. ☐ SX. ☐ SY. ☐ SZ. ☐ TA. ☐ TB. ☐ TC. ☐ TD. ☐ TE. ☐ TF. ☐ TG. ☐ TH. ☐ TI. ☐ TJ. ☐ TK. ☐ TL. ☐ TM. ☐ TN. ☐ TO. ☐ TP. ☐ TQ. ☐ TR. ☐ TS. ☐ TT. ☐ TU. ☐ TV. ☐ TW. ☐ TX. ☐ TY. ☐ TZ. ☐ UA. ☐ UB. ☐ UC. ☐ UD. ☐ UE. ☐ UF. ☐ UG. ☐ UH. ☐ UI. ☐ UJ. ☐ UK. ☐ UL. ☐ UM. ☐ UN. ☐ UO. ☐ UP. ☐ UQ. ☐ UR. ☐ US. ☐ UT. ☐ UU. ☐ UV. ☐ UW. ☐ UX. ☐ UY. ☐ UZ. ☐ VA. ☐ VB. ☐ VC. ☐ VD. ☐ VE. ☐ VF. ☐ VG. ☐ VH. ☐ VI. ☐ VJ. ☐ VK. ☐ VL. ☐ VM. ☐ VN. ☐ VO. ☐ VP. ☐ VQ. ☐ VR. ☐ VS. ☐ VT. ☐ VU. ☐ VV. ☐ VW. ☐ VX. ☐ VY. ☐ VZ. ☐ WA. ☐ WB. ☐ WC. ☐ WD. ☐ WE. ☐ WF. ☐ WG. ☐ WH. ☐ WI. ☐ WJ. ☐ WK. ☐ WL. ☐ WM. ☐ WN. ☐ WO. ☐ WP. ☐ WQ. ☐ WR. ☐ WS. ☐ WT. ☐ WU. ☐ WV. ☐ WW. ☐ WX. ☐ WY. ☐ WZ. ☐ XA. ☐ XB. ☐ XC. ☐ XD. ☐ XE. ☐ XF. ☐ XG. ☐ XH. ☐ XI. ☐ XJ. ☐ XK. ☐ XL. ☐ XM. ☐ XN. ☐ XO. ☐ XP. ☐ XQ. ☐ XR. ☐ XS. ☐ XT. ☐ XU. ☐ XV. ☐ XW. ☐ XX. ☐ XY. ☐ XZ. ☐ YA. ☐ YB. ☐ YC. ☐ YD. ☐ YE. ☐ YF. ☐ YG. ☐ YH. ☐ YI. ☐ YJ. ☐ YK. ☐ YL. ☐ YM. ☐ YN. ☐ YO. ☐ YP. ☐ YQ. ☐ YR. ☐ YS. ☐ YT. ☐ YU. ☐ YV. ☐ YW. ☐ YX. ☐ YY. ☐ YZ. ☐ ZA. ☐ ZB. ☐ ZC. ☐ ZD. ☐ ZE. ☐ ZF. ☐ ZG. ☐ ZH. ☐ ZI. ☐ ZJ. ☐ ZK. ☐ ZL. ☐ ZM. ☐ ZN. ☐ ZO. ☐ ZP. ☐ ZQ. ☐ ZR. ☐ ZS. ☐ ZT. ☐ ZU. ☐ ZV. ☐ ZW. ☐ ZX. ☐ ZY. ☐ ZZ. ☐								

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

by:

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

DATE ISSUED
AUG 14 1996

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

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FEE \$10.00

Bernetha G Letsch, County Clerk

By Cheryl Russell