38867

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ATC # 05046258

ORIGINAL

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
TERRY	Lee	THOMPSON	April 11, 1990	1030	Male

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR.	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
White	☐ YES ☒ NO	January 11,1940	50				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
Ca	USA	Robert R.Thompson	Maine	Gisele DeLage	Canada

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	568-54-3829	Divorced	

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Painter	Painting	Unk	20	11

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
266 Platt	Long Beach	90805

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	50	California	Giscle Thompson(Mother) 266 Platt St Long Beach Ca 90805

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence	-	Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
266 Platt	Long Beach		☐ YES ☒ NO

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH	23. WAS BIOPSY PERFORMED?
IMMEDIATE CAUSE (A)	Pulmonary Hypertension	1-Year	☐ YES ☒ NO
DUE TO (B)	Scleroderma	2 Years	24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
DUE TO (C)			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	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
None	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.	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
	David B. Arkfeld MD	G061240	4-13-90

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
11/10/88	3/30/90	Daniel Arkfeld MD 1000 W. Carson St Torrance Ca 90509

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—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	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(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Cr /Sc	3 miles off the coast of LB LA County	Apr 18,1990	Murray E. Leggett	5593

36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Leggett & King Funeral Home	1340	Marion Johnson MD LR	APR 16 1990

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

AFTER RECORDING MAIL TO:
JEAN DANIELS
2981 W. 4100 S.
West ValeyCity, UT 84119

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.

APR 17 1990

at Marion Johnson MD

INITIAL Health Officer and Registrar

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 6th day of June A.D., 19 97 at 3:21 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 17437.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Knox