42708

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'97 AUG -4 P1:33

I HEREBY CERTIFY THAT THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEE $6.00

DEC 31 1979

Director of Health Services and Registrar

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
George	R	Wagner	Dec. 21, 1979	0307

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Male	White		Sept. 25, 1930	49 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Kansas	George H. Wagner - Kansas	Daisy Higley - Kansas

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
U.S.A.	573-36-0241	Divorced	

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Draftsman	25	Raygal Designs	Restaurants

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
9916 E Rosecrans Ave		Bellflower

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT (RELATION)
Los Angeles	Ca.	Daisy Wagner - Mother 9916 E. Rosecrans Ave Bellflower Ca 90706

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Bellwood General Hospital	Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
10250 E. Artesia Blvd	Bellflower

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) Undifferentiated Carcinoma

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF: (B) of Sigmoid + Colon c

DUE TO, OR AS A CONSEQUENCE OF: (C) Metastasis

APPROX. INTERVAL BETWEEN ONSET AND DEATH: 4 mos

24. WAS CASE REFERRED TO CORONER? No

25. WAS AUTOPSY PERFORMED? Yes.

26. WERE AUTOPSY FINDINGS AVAILABLE? No.

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Yes - Exp. Lap. DATE: 8-24-79

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER NO. DAY, YR.)	I LAST SAW DECEDENT ALIVE (ENTER NO. DAY, YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NO. AND STATE
1-19-59	12-20-79		12-22-79	A-16730

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Dr. G. Reynolds- 9538 Maple St. Bellflower Ca. 90706

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY (MONTH, DAY, YEAR)	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUEST/INVESTIGATION.

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE (MONTH, DAY, YEAR)	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. LICENSE NUMBER
Burial	Dec. 24, 1979	Forest Lawn Memorial Park 4471 Lincoln Ave, Cypress, Ca.	6867- Wendell Wendelyn

40. NAME AND ADDRESS OF FUNERAL HOME: White's Funeral Home Bellflower

41. LOCAL REGISTRAR: [signature]

42. DATE: DEC 24 1979

STATE REGISTRAR

A	B.	C.	D.	E.	F.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Raymond E. Sievers the 4th day of August A.D., 19 97 at 1:33 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 25255.

Return: R. Sievers
P.O. Box 10613
Golden, Co. 80401

FEE $10.00

Bernetha G. Letsch, County Clerk

By Kathleen Ross