STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

91 094855 — STATE FILE NUMBER

CERTIFICATE OF DEATH — STATE OF CALIFORNIA — USE BLACK INK ONLY

Local Registration District and Certificate Number: 30-008431

DECEDENT PERSONAL DATA

- 1A. Name of Decedent—First (Given): Florence
- 1B. Middle: —
- 1C. Last (Family): HALFORD
- 2A. Date of Death—Mo, Day, Yr: June 3, 1991
- 2B. Hour: 0330
- 3. Sex: F
- 4. Race: White
- 5. Hispanic—Specify: [ ] Yes [X] No
- 6. Date of Birth—Mo, Day, Yr: June 1, 1912
- 7. Age in Years: 79
- 8. State of Birth: UT
- 9. Citizen of What Country: U.S.A.
- 10A. Full Name of Father: Howard Higley
- 10B. State of Birth: Utah
- 11A. Full Maiden Name of Mother: Minnie Saxton
- 11B. State of Birth: Utah
- 12. Military Service: 19__ to 19__ [X] None
- 13. Social Security No.: 565-32-8657
- 14. Marital Status: Married
- 15. Name of Surviving Spouse (if wife, enter maiden name): Ralph Halford
- 16A. Usual Occupation: Waitress
- 16B. Usual Kind of Business or Industry: Fraternal Organ.
- 16C. Usual Employer: Elks Club
- 16D. Years in Occupation: 45
- 17. Education—Years Completed: 8

USUAL RESIDENCE

- 18A. Residence—Street and Number or Location: 1425 North 2072 West
- 18B. City: St. George
- 18C. Zip Code: 84770
- 18D. County: Washington
- 18E. Number of Years in This County: 15
- 18F. State or Foreign Country: Utah
- 20. Name, Relationship, Mailing Address and Zip Code of Informant: Jean Stoddart - Daughter, 1231 DeSoto Street, Placentia, California 92670

PLACE OF DEATH

- 19A. Place of Death: Residence
- 19C. County: Orange
- 19D. Street Address: 1231 DeSoto Street
- 19E. City: Placentia

CAUSE OF DEATH

- 21. Death was caused by: Immediate Cause (A) Acute Myelomonocytic Leukemia — Time interval between onset and death: 1 month
- Due to (B):
- Due to (C):
- 22. Was death reported to coroner? [X] Yes — Referral Number 91-03202R [ ] No
- 23. Was biopsy performed? [ ] Yes [X] No
- 24A. Was autopsy performed? [ ] Yes [X] 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: None
- 26. Was operation performed for any condition in item 21 or 25?: No

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: 5/15/91
- Decedent last seen alive: 5/24/91
- 27B. Signature and degree or title of certifier: [signature] MD
- 27C. Certifier's License Number: G 35902
- 27D. Date Signed: 6/10/91
- 27E. Type Attending Physician's Name and Address: Richard Lloyd MD 433 W. Bastanchury Fullerton, 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:

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 34A. Disposition(s): Burial
- 34B. Place of Final Disposition: Westminster Memorial Park-Westminster, CA
- 34C. Date—Mo, Day, Year: 6/12/91
- 35A. Signature of Embalmer: [signature]
- 35B. License Number: 6308
- 36A. Name of Funeral Director: McAuley & Wallace Mortuary
- 36B. License No.: FD-190
- 37. Signature of Local Registrar: [signature] 84272
- 38. Registration Date: 6/11/91

STATE REGISTRAR: A. 9 B. UT C. 2-1 D. E. F. Census Tract

471892

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

S. Kimberly Belshé, Director and State Registrar of Vital Records

by: [signature]

GEORGE R. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF, ACTING STATE REGISTRAR — DATE ISSUED

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

98 MAR 30 AM 7:16

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mr. D.R. Halford the 14th day of April A.D., 19 98 at 1:28 o'clock P.M., and duly recorded in Vol. M98, of Deeds on Page 12243.

Return: D.R. Halford
2072 W. 1425 N
Saint George, Ut 84770

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Ross