1999 AUG -9 PM 3:45

MTC 48706-KR

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): Edward
2. MIDDLE: E.
3. LAST (FAMILY): Hettenhausen
4. DATE OF BIRTH MM/DD/CCYY: 08/25/1921
5. AGE YRS.: 72
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM DD CCYY: 04/14/1994
8. HOUR: 2300
9. STATE OF BIRTH: Illinois
10. SOCIAL SECURITY NO: 360-03-8391
11. MILITARY SERVICE: 19 43 TO 19 45 ☐ NONE
12. MARITAL STATUS: Married
13. EDUCATION YEARS COMPLETED: 9
14. RACE: White
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: Sunset Produce
17. OCCUPATION: Driver
18. KIND OF BUSINESS: Trucking
19. YEARS IN OCCUPATION: 35

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 1953 Westwood Place
21. CITY: Pomona
22. COUNTY: Los Angeles
23. ZIP CODE: 91768
24. YRS IN COUNTY: 6
25. STATE OR FOREIGN COUNTRY: California

INFORMANT

26. NAME, RELATIONSHIP: Charlene G. Hettenhausen - Wife
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, ...): 1953 Westwood Place., Pomona, CA. 91768

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Charlene
29. MIDDLE: G.
30. LAST (MAIDEN NAME): Sears
31. NAME OF FATHER—FIRST: Edward
32. MIDDLE: -
33. LAST: Hettenhausen
34. BIRTH STATE: Illinois
35. NAME OF MOTHER—FIRST: Olive
36. MIDDLE: -
37. LAST (MAIDEN): Monken
38. BIRTH STATE: Illinois

DISPOSITION(S)

39. DATE MM/DD/CCYY: 04/19/1994
40. PLACE OF FINAL DISPOSITION: Rose Hills Memorial Park, 3900 S. Workman Mill Rd. Whittier, CA. 90601

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): Burial
42. SIGNATURE OF EMBALMER: ▶ [signature]
43. LICENSE NO: 7692
44. NAME OF FUNERAL DIRECTOR: Rose Hills Mortuary
45. LICENSE NO: FD-970
46. SIGNATURE OF LOCAL REGISTRAR: ▶ [signature]
47. DATE MM DD CCYY: 04/19/1994

PLACE OF DEATH

101. PLACE OF DEATH: Pomona Valley Hosp. Med. Ctr.
102. IF HOSPITAL, SPECIFY ONE: ☒ IP ☐ ER/OP ☐ DOA
103. FACILITY OTHER THAN HOSPITAL: ☐ CONV HOSP ☐ RES ☐ OTHER
104. COUNTY: Los Angeles
105. STREET ADDRESS—STREET AND NUMBER OF LOCATION: 1798 North Garey Ave.
106. CITY: Pomona

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CARDIAC ARREST	IMMED.
DUE TO (B)	ANOXIC ENCEPHALOPATHY	24 HOURS.
DUE TO (C)	ISCHEMIC HEART DISEASE	4 YEARS
DUE TO (D)		

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER
109. [illegible]: ☐ YES ☒ NO
110. AUTOPSY PERFORMED: ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED
DECEDENT ATTENDED SINCE MM/DD/CCYY: 07/21/1992
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 04/14/1994
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ Rama K.R. Thumati MD
116. LICENSE NO: A36557
117. DATE MM DD CCYY: 04/18/1994
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP: Rama K.R. Thumati, M.D., 1866 N. Orange Grove., Pomona, CA. 91767

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
120. INJURY AT WORK: ☐ YES ☐ NO
121. INJURY DATE MM/DD/CCYY:
122. HOUR:
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY:
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E	F	G	H

FAX AUTH #:
CENSUS TRACT:

Return to:
Charlene Hettenhausen
1953 Westwood Place
Pomona, CA
91768

A TRUE CERTIFIED COPY OF THE ... IN THE COUNTY OF LOS ANGELES ... PURPOSE INK

APR 19 1994

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Director of Health Services

State of Oregon, County of Klamath
Recorded 8/09/99, at 3:45 p. m.
In Vol. M99 Page 32020
Linda Smith, County Clerk
Fee $10 - KR

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