STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

MIC50874

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

Vol M00 Page 11935

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/97) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Claude	Justin	Petite

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
04/23/1918	81					Male	10/31/1999	1625

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
MS	434-01-4412	[X] YES [ ] NO [ ] UNK	Widowed	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Black	[ ] YES [X] NO	Jewish Federation

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Building Engineer	Charitable Organization	40

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 3712 Arlington Ave.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Los Angeles	Los Angeles	90018	54	California

INFORMANT

26. NAME, RELATIONSHIP: Ingrid Doyle, Daughter

27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 5527 Onacrest Dr., Los Angeles, Ca., 90043

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
-		

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
George	Wilson	Petite	MS

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Agnes		Claude	MS

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
11/04/1999	Holy Cross Cem., 5835 W. Slauson Ave., Culver City, Ca.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
Burial	▶ Edward M. Richardson	4668

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	45. SIGNATURE OF LOCAL REGISTRAR	47. DATE M M/DD/CCYY
Angelus Funeral Home	FD 243	▶ Mark Lucas	11/04/1999

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE: IP / ER/OP / DOA	103. FACILITY OTHER THAN HOSPITAL: DOMIC / RES / CARE / OTHER	104. COUNTY
RFK Medical Center	[ ] [X] [ ] [ ]	[X] [ ] [ ]	Los Angeles

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
4500 W. 116th St.	Hawthorne

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Metastatic Lung Cancer	Mons.
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER

109. AUTOPSY PERFORMED: [X] YES [ ] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSES 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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE M M/DD/CCYY
01/05/1996	10/18/1999	▶ James Gatlin MD	G064705	11/01/1999

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: V.Gatlin,M.D.,4314 W.Slauson Ave.,Los Angeles,Ca. 90043

CORONER'S USE ONLY

101F

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	121. INJURY DATE M M/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

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

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

1629

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

2000 APR 12 AM 11:26

720038477

26.00 m

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED NOV 04 1999

Director of Health Services and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MIDWEST BANK NOTE COMPANY

11936

State of Oregon, County of Klamath
Recorded 04/12/00, at 11:26a m.
In Vol. M00 Page 11935
Linda Smith,
County Clerk Fee$ 26.00