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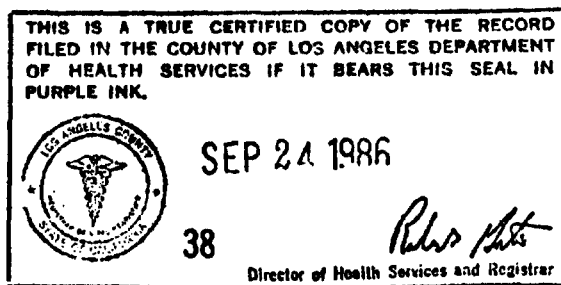
MTC 50874
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol MOO Page 11937

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
ALINE		R.		PETITE		September 18, 1986		2345	
3. SEX		4. RACE/ETHNICITY		5. SPANISH HISPANIC		6. DATE OF BIRTH		7. AGE	
Female		Negro		NO		January 25, 1918		68 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER	
Louisiana		Henry De Coudreaux Louisiana		Cleo Awan Louisiana		19 — TO 19 —		Unk	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
USA		19 — TO 19 —		Unk		Married		Claude Petite	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
Housewife		48		Self		Own Home		Los Angeles	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. CITY OR TOWN	
3712 S. Arlington		Los Angeles		California		Mr. Claude Petite, Husband		Los Angeles, Calif 90018	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE	
California Hospital		Los Angeles		1414 S. Hope St.		Los Angeles		California	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
(A) <i>cardiopulmonary arrest</i>		<i>Diabetes mellitus</i>		86-1256174		No		No	
(B) <i>myocardial infarction</i>									
(C)									
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. TYPE PHYSICIAN'S NAME AND ADDRESS		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
No		Gary Sutter MD, 1025 W. Olympic Blvd Los Angeles, Ca							
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
6/25/85		Gary I Sutter MD		9/23/86		G-35914		3894	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. CORONER—SIGNATURE AND DEGREE OR TITLE		35. DATE SIGNED		36. DISPOSITION	
								Burial	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. DATE ACCEPTED BY LOCAL REGISTRAR		41. LOCAL REGISTRAR—SIGNATURE	
Sept. 24, 1986		5835 W. Slauson Ave Holy Cross Cemetery, Culver City, CA		3894		SEP 24 1986		Robert S. Maltz	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. LOCAL REGISTRAR—SIGNATURE	
Angelus Funeral Home		243		Robert S. Maltz		SEP 24 1986		R. S. Maltz	
STATE REGISTRAR		A.		B.		C.		D.	

VS-11 (1-85)

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OCT 6 1986

DEPT. 58

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State of Oregon, County of Klamath
Recorded 04/12/00, at 11:26 a.m.
In Vol. M00 Page 11937
Linda Smith,
County Clerk Fee\$ 26⁰⁰

