

"EXHIBIT"

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL JURISDICTION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 9	1. NAME OF DECEASED—FIRST NAME Elwood	2. MIDDLE NAME Paul	3. LAST NAME Waltz	4A. DATE OF DEATH—MONTH, DAY, YEAR June 20, 1973	4B. HOUR 12:10p.
	5. SEX Male	6. COLOR OR RACE Cauc.	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	8. DATE OF BIRTH June 24, 1901	9. AGE—LAST BIRTHDAY 71
	10. NAME AND BIRTHPLACE OF FATHER John Waltz, unk.		11. MAIDEN NAME AND BIRTHPLACE OF MOTHER Maude Flexer, unk.		
	12. CITIZEN OF WHAT COUNTRY U. S. A.		13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE NAME) Louise Rieken	
PLACE OF DEATH	15. LAST OCCUPATION Electrician		16. NUMBER OF YEARS IN THIS OCCUPATION 50	17. NAME OF LAST EMPLOYING COMPANY OR FIRM U.S. Government	
	18. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Foothill Presbyterian Hospital		19. STREET ADDRESS—STREET AND NUMBER OR LOCATION 250 So. Grand Ave.		20. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes
	21. CITY OR TOWN Glendora	22. COUNTY Los Angeles	23. YEARS OF RES. IN COUNTY OF DEATH 1		
USUAL RESIDENCE (IF BIRTHPLACE, ENTER RESIDENCE BEFORE ARRIVAL)	24. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Space 4 801 W. Covina Blvd.		25. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes	26. NAME AND MAILING ADDRESS OF INFORMANT Louise R. Waltz, wife	
	27. CITY OR TOWN San Dimas	28. COUNTY Los Angeles	29. STATE Calif.	30. NAME AND MAILING ADDRESS OF INFORMANT SAME	
PHYSICIAN'S OR CORONER'S CERTIFICATION	31. CORONER: I HEREBY CERTIFY THAT I HAVE EXAMINED THE BODY AND HAVE FOUND THE CAUSE OF DEATH AS STATED BELOW AND THAT I HAVE FILED THE NECESSARY RECORDS AS PROVIDED BY LAW. MAJIS, 1973	32. PHYSICIAN: I HEREBY CERTIFY THAT I HAVE EXAMINED THE BODY, SOUL, AND PLACE STATED ABOVE AND THAT I ATTESTED THE BELOW. FROM June 20, 1973	33. PHYSICIAN OR CORONER (NAME AND TITLE) Dr. Harold M.D.	34. DATE SIGNED 6-20-73	35. PHYSICIAN'S LICENSE NUMBER A21187
	36. NAME OF FUNERAL DIRECTOR (FOR FUNERAL ACTION AS SOCIETY) White's Funeral Home		37. SOCIAL REGISTRAR (NAME AND TITLE) John D. White	38. DATE REGISTERED FOR REGISTRATION OF DEATH JUN 22 1973	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	39. SPECIFY BURIAL, CREMATION OR OTHER DISPOSITION Crementation	40. DATE June 22, 1973	41. NAME OF CEMETERY OR CREMATORY Burial at Sea	42. ENHALLMER—SIGNATURE (IF BODY ENHALLMERED) LICENSE NUMBER Roman White 5652	
	43. NAME OF FUNERAL DIRECTOR (FOR FUNERAL ACTION AS SOCIETY) White's Funeral Home		44. SOCIAL REGISTRAR (NAME AND TITLE) John D. White	45. DATE REGISTERED FOR REGISTRATION OF DEATH JUN 22 1973	
MEDICAL AND HEALTH DATA	46. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C. IMMEDIATE CAUSE Cardiac Failure				47. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	48. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. Chronic obstructive pulmonary emphysema		49. DATE TO, OR AS A CONSEQUENCE OF 10 yrs		
INJURY INFORMATION	50. PART II. OTHER SIGNIFICANT CONDITIONS—CONTINUING TO DEATH OR NOT RELATED TO THE IMMEDIATE CAUSE ENTER IN PART I. None				51. WAS OPERATION OF BODY PERFORMED FOR ANY REASON (IF YES, IS OR IS NOT SPECIFY) No
	52. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	53. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	54. INJURY AT WORK (SPECIFY YES OR NO)	55. DATE OF INJURY—MONTH, DAY, YEAR	56. HGUR
	57. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		58. DISTANCE FROM PLACE OF INJURY TO SOCIAL REGISTRAR (MILES)	59. DISTANCE FROM PLACE OF INJURY TO PLACE WHERE DEATH OCCURRED (MILES)	60. DATE OF DEATH (SPECIFY YES OR NO)
STATE REGISTRAR	61. DESCRIBE HOW INJURY OCCURRED (GIVE DETAILED HISTORY OF EVENTS WHICH RESULTED IN DEATH) (NAME OF VEHICLE SHOULD BE LISTED IN ITEM 22)				

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT. IF IT BEARS THE SEAL IMPRINTED IN PURPLE INK.



JUN 22 1973

Signature of State Registrar

RECORDED AT THE REQUEST OF Louise R. Waltz on September 4 1973 at 29 mins. past 8 A. M. in Book 44 of OFFICIAL RECORDS, page 254-255 OF BUREAU COUNTY, NEVADA. Recorder: 57677 Fee \$ 4.00 FILE NO. 57677