

84152
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST HOWARD		1B. MIDDLE -----		1C. LAST BLACK		2A. DATE OF DEATH—MONTH, DAY, YEAR January 31, 1980		2B. HOUR 0900		
3. SEX Male	4. RACE Cauc	5. ETHNICITY -----	6. DATE OF BIRTH June 3, 1985		7. AGE 94	IF UNDER 8 YEARS MONTHS DAYS	IF UNDER 28 HOURS HOURS MINUTES			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Ohio		9. NAME AND BIRTHPLACE OF FATHER Benjamin Black, Ohio			10. MOTHER NAME AND BIRTHPLACE OF MOTHER Margaret Beard, Ohio					
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER -----		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER SURNAMER) Frances Ivy				
15. PRIMARY OCCUPATION Mining Engineer		16. NUMBER OF YEARS THIS OCCUPATION 50	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self Employed		18. KIND OF INDUSTRY OR BUSINESS Surveying					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1605 Holly Ave.			19B. CITY Arcadia		19C. STATE Calif.					
19D. COUNTY Los Angeles			19E. STATE Calif.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Frances Black (Wife)					
21A. PLACE OF DEATH Huntington Dr. Conv. Hospital		21B. COUNTY Los Angeles		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Same						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 414 W. Huntington Dr.		21D. CITY OR TOWN Arcadia								
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) BRAIN STEM STROKE 8 Hrs CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) CEREBRAL VASCULAR INSUFFICIENCY 10 YRS (C) CEREBRAL ATHEROSCLEROSIS 10 YRS 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH ATHEROSCLEROSIS—GENERALIZED N 10								24. WAS DEATH REPORTED TO CORONER? NO	25. WAS DEATH REPORTED TO POLICE? NO	26. WAS ANATOMY? NO
27A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. PHYSICIAN—SIGNATURE AND REG. NO. Gary O. Kin, M.D.		27C. DATE SIGNED 1-31-80		27D. PHYSICIAN'S LICENSE NUMBER A22444				
28A. I ATTENDED DECEDENT SINCE LAST SAN DECEDENT ALIVE (ENTER MO., DAY, YEAR) 12/24/79	28B. I LAST SAN DECEDENT ALIVE (ENTER MO., DAY, YEAR) 1-29-80	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Gary O. Kin, M.D. 1108 S. Baldwin Ave., Arcadia, CA								
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. EMPLOYER	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR				
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EXPLAIN WHICH RESULTED IN INJURY)								
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE AN (INDUENT INVESTIGATION)		35B. CORONER—SIGNATURE AND LICENSE OR TITLE		35C. DATE SIGNED						
36. SPECIFICATION Cremation	37. DATE—MONTH, DAY, YEAR 2/2/80	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Pasadena Crematorium, Pasadena, Calif.			39. ANATOMY'S LICENSE NUMBER AND SIGNATURE Not Embalmed					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Glasser-Miller-Lamb, Arcadia		41. LOCAL REGISTRATION [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR FEB 1 1980						
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

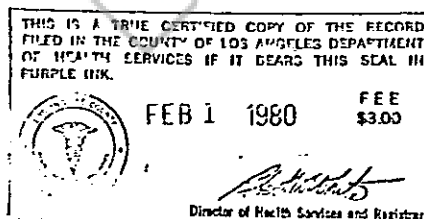
VS-11 (10-78)

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Amoco Production Company
BOOK 102 PAGE 195

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OFFICIAL RECORDS
 EUREKA COUNTY, NEVADA
 WILLIS A. DEFAUJ-RECORDER
 FILE NO. **84152**
 FEE \$ **4.00**

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BOOK 102 PAGE 195