

CERTIFICATE OF DEATH STATE OF CALIFORNIA

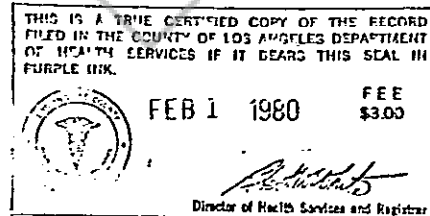
STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST HOWARD		1B. MIDDLE _____		1C. LAST BLACK		2A. DATE OF DEATH—MONTH, DAY, YEAR January 31, 1980	
3. SEX Male		4. RACE Cauc		5. ETHNICITY _____		6. DATE OF BIRTH June 3, 1985	
7. AGE 94		8. IF UNDER 8 YEARS MONTHS DAYS		9. IF UNDER 28 HOURS HOURS MINUTES		10. BIRTH 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 BIRTH NAME) 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 OR TOWN Arcadia			
19C. COUNTY Los Angeles				19D. STATE Calif.			
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Frances Black (Wife)				21. PLACE OF DEATH Huntington Dr. Conv. Hospital			
21A. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 414 W. Huntington Dr.				21B. 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 CONDITIONS, IF ANY, WHICH CAME BEFORE THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) CEREBRAL VASCULAR INSUFFICIENCY (C) CEREBRAL ATHEROSCLEROSIS				23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH ATHEROSCLEROSIS—GENERALIZED			
24. WAS DEATH REPORTED TO CORONER? NO				25. WAS DEATH REPORTED TO POLICE? NO			
26. WAS ANATOMY? NO				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION N/A			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 1. ATTENDED DECEDENT SINCE (ENTER MO., DAY, YEAR) 12/4/79				28B. PHYSICIAN'S SIGNATURE AND LICENSE NUMBER Gary O. Kin, M.D. 1-31-80 A22444			
28C. TYPE PHYSICIAN'S NAME AND ADDRESS Gary O. Kin, M.D. 1103 S. Baldwin Ave., Arcadia, CA				28D. DATE SIGNED 1-31-80			
29. SPECIFY ACCIDENT, SUICIDE, ETC. _____				30. PLACE OF INJURY _____			
31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) _____				32. DESCRIBE HOW INJURY OCCURRED (EXPLAIN WHICH RESULTED IN INJURY) _____			
33. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE AN (INQUEST INVESTIGATION) _____				34. CORONER—SIGNATURE AND LICENSE OR TITLE _____			
35. 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. ENHANCED'S LICENSE NUMBER AND SIGNATURE Not Embalmed				40. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH) Glasser-Miller-Lamb, Arcadia			
41. LOCAL REGISTRATION FEB 1 1980				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
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OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEFAU-RECORDER
FEB 28 1980
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