84152

# CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

| 1A. NAME OF DECEDENT—FIRST | 1B. MIDDLE | 1C. LAST | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | 2B. HOUR |
|---|---|---|---|---|
| HOMER | ----- | BLACK | January 31, 1980 | 0900 |

| 3. SEX | 4. RACE | 5. ETHNICITY | 6. DATE OF BIRTH | 7. AGE |
|---|---|---|---|---|
| Male | Cauc | ----- | June 3, 1885 | 94 years |

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Ohio

9. NAME AND BIRTHPLACE OF FATHER: Benjamin Black, Ohio

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Margaret Beard, Ohio

11. CITIZEN OF WHAT COUNTRY: USA

12. SOCIAL SECURITY NUMBER: [redacted]

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

**USUAL RESIDENCE**

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1605 Holly Ave.

19B. ---

19C. CITY OR TOWN: Arcadia

19D. COUNTY: Los Angeles

19E. STATE: Calif.

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Frances Black (Wife)

**PLACE OF DEATH**

21A. PLACE OF DEATH: Huntington Dr. Conv. Hospital

21B. COUNTY: Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 414 U. Huntington Dr.

21D. CITY OR TOWN: Arcadia

Same

**CAUSE OF DEATH**

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

IMMEDIATE CAUSE (A) BRAIN STEM STROKE — 8 Hrs

DUE TO, OR AS A CONSEQUENCE OF (B) CEREBRAL VASCULAR INSUFFICIENCY — 10 Yrs

DUE TO, OR AS A CONSEQUENCE OF (C) CEREBRAL ATHEROSCLEROSIS — 10 Yrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS DEATH PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: ATHEROSCLEROSIS - GENERALIZED

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No DATE

**PHYSICIAN'S CERTIFICATION**

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER NO. DA. YR.): 12/24/79

I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.): 1-29-80

28B. PHYSICIAN—SIGNATURE AND DEGREE: Gary O. Kin MD

28C. DATE SIGNED: 1-31-80

28D. PHYSICIAN'S LICENSE NUMBER: A-22444

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Gary O. Kin, M.D. 1108 S. Baldwin Ave., Arcadia, CA

**INJURY INFORMATION**

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

31. INJURY AT WORK

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 (EVENTS WHICH RESULTED IN INJURY)

**CORONER'S USE ONLY**

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION: Cremation

37. DATE—MONTH, DAY, YEAR: 2/2/80

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Pasadena Crematorium, Pasadena, Calif.

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Glasser-Miller-Lamb, Arcadia

41. LOCAL REGISTRAR—SIGNATURE AND TITLE

42. DATE ACCEPTED BY LOCAL REGISTRAR: FEB 1 1980

**STATE REGISTRAR**

| A. | B. | C. | D. | E. | F. |
|---|---|---|---|---|---|
| | | | | | |

VS-11 (10-78)

RECORDED AT REQUEST OF
Amoco Production Company
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82 APR 23 A10:45

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

638285-F

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

FEB 1 1980

FEE $3.00

Director of Health Services and Registrar

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