

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER CERTIFICATE OF DEATH

3-87-30-004515

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
ALTA		MARIE	BENTON	April 24, 1987 1400	
3. SEX	4. RACE/ETHNICITY	5. J. INDIAN/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR IF UNDER 24 H. IF
Female	White	NO	October 1, 1900	86 YEARS	MONTHS DAYS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTH PLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Indiana		Charles Gibson/Indiana		Margaret Thomas/Indiana	
11A. CITIZEN OF USA	11B. IF DECEDENT WAS EVER IN MILITARY OR NAVAL SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME	
USA	19-- TO 19--	545-30-9932	Widowed		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS	
Homemaker		Adult Life	Self-employed	Homemaking	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
12681 Hester Street				Garden Grove	
19D. COUNTY			19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Orange			California	Patricia Ifversen/Daughter	
21A. PLACE OF DEATH			21B. COUNTY	21C. CITY OR TOWN	
Convalescent Hospital			Orange	31403 East Nine Drive Laguna Niguel, CA	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		21E. STATE
35410 Del Rey			Capistrano		Beach
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
CAUSE OF DEATH	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) Generalized arteriosclerosis	24. WAS DEATH REPORTED TO CORONER?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(B)	87-2106-P	25. WAS BIOPSY PERFORMED?	
		(C)	No	26. WAS AUTOPSY PERFORMED?	
			No		
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
			No		
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
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
Natural causes					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS 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 HELD AN INQUEST- <u>INVESTIGATION</u>					
		35B. SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
		Deputy Sheriff-Coroner		04-27-87	
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation	Apr. 28, 1987	Cremar Crematory, Anaheim, CA		Not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR
THE NEPTUNE SOCIETY		1305	Hugh Nguyen		APR 28 1987
STATE REGISTRAR	A.	B.	C.	D.	E.

VS-11 (1-88) 1h

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA }
COUNTY OF ORANGE }
DATE ISSUED **DEC 10 2014**

Hugh Nguyen
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA



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PRSC01051 06/13

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