

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

8000

*Ann Anton*

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER <b>918798</b>		1B. MIDDLE Alice	1C. LAST Burris	2A. DATE OF DEATH (MONTH, DAY, YEAR) July 8, 1983		2B. HOUR 0900	
3. SEX Female	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH January 23, 1899		7. AGE 84 YEARS	8. UNDER 1-YEAR MONTHS 0	9. UNDER 24 HOURS 0
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) VA		9. NAME AND BIRTHPLACE OF FATHER Unknown - VA		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Anglas McCabe - VA			
11. CITIZEN OF WHAT COUNTRY U. S. A.		12. SOCIAL SECURITY NUMBER 312-09-6842-A		13. MARITAL STATUS Widowed		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) ---	
15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION Adult Life	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self		18. KIND OF INDUSTRY OR BUSINESS Homemaking		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 757 Sherwood Drive			19B. 		19C. CITY OR TOWN Oceanside		
19D. COUNTY San Diego		19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP John Burris - Son 757 Sherwood Drive Oceanside, CA 92054			
21A. PLACE OF DEATH Hilltop Convalescent Hospital		21B. COUNTY San Diego		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1260 E. Ohio			
21D. CITY OR TOWN Escondido							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE							
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		(A) <i>Coronary Vascular Thrombosis</i> ACUTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MAY 22 1987		24. WAS DEATH REPORTED TO CORONER NO		
		(B) <i>Coronary Arteriosclerosis</i> 8MO	25. WAS BIOPSY PERFORMED? NO		26. WAS AUTOPSY PERFORMED? NO		
		(C)	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO		28. DATE SIGNED 7-8-83		
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.) 10.3.82   7.8.83		28B. PHYSICIAN SIGNATURE AND DEGREE OR TITLE <i>Raymond Dann, MD</i>		28C. PHYSICIAN'S LICENSE NUMBER 812279	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		14. 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 (INDENT) INVESTIGATION		35B. CORONER SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED			
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR July 12, 1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Calumet Cemetery, Merrillville, Indiana		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 724 <i>[Signature]</i>	
40A. NAME OF FUNERAL HOME (OR PERSON ACTING AS SUCH) Alhiser-Wilson Mortuary		40B. LICENSE NO. 297		41. LOCAL REGISTRAR SIGNATURE <i>Ronald L. Powers, M.D.</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 8 1983	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	

K&L 15-70-839 Independence Hill Apt 8, Sept 89 Bl 5  
 THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.  
 FEE PAID: \$4.00  
 DATED: JUL 8 '83  
 Ronald L. Powers, M.D. HEALTH OFFICER  
 SAN DIEGO DEPARTMENT OF HEALTH SERVICES  
 1700 PACIFIC HWY., SAN DIEGO, CA 92101

MAY 22 1987  
*Ann Anton*  
 AUDITOR LAKE COUNTY 1284

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