

DEATH CERTIFICATE EXTRACTION

State: CALIFORNIA: Registrars# District# 320041900 Cert# 00850
 Affidavit # _____

Full Name of Deceased: ELENORE IRENE DORSETT
 AKA: _____

Place of Birth: N.Y.
 Date of Birth: 11-14-1918
 Date of Death: 01-06-2004
 Age at time of Death: Yrs: 85 Months: _____ Days: _____

Place of Death: TUJUNGA
 County of Death: Los Angeles, California
 Name of Hospital, Institution or Residence: DARVIEW CONV HOSP
 Address: 9126 TUJUNGA CANYON BLVD City: TUJUNGA Zip: _____
 Length of stay in Hospital: Years: _____ Months: _____ Days: _____ Hours: _____

Sex: Male _____ Female: X Social Security Number: 087-10-4562 None: _____
 Color or Race: WHITE Ethnicity: _____
 Single: _____ Married: _____ Widowed: X Divorced: _____ Never Married: _____
 Husband or Wife: _____ Occupation: _____ Age: _____

Military veteran? Yes: _____ No: X Name of War: _____ Years: _____
 Education: SOME COLLEGE Yrs: _____ Yrs: 15
 Usual Occupation: SALES
 Industry or Business: REAL ESTATE

Name of Father: EDWARD SCHNEIDER
 Birthplace: City: _____ State: N.Y. Country: _____
 Mother's Maiden Name: ELEANOR VERONICA TIERNEY
 Birthplace: City: _____ State: N.Y. Country: _____

Informant's own signature: JOAN HARKER - DAUGHTER
 Informant's address: 4412 COMMONWEALTH AVE City: LA CANADA State: CA
 91011

Burial: X Cremation: _____ Entombment: _____ Removal: X
 Place of Burial: ARLINGTON NATIONAL CEM. Date of Burial: 1-21-2004
 Address: _____ City: ARLINGTON State: VA
 Was body embalmed? Yes X No _____ ID#: 6412
 Name of embalmer: JAMES SANTORO
 Name of funeral director: CRIPPEN MORTUARY
 Address: _____ City: _____ State: _____

Usual city or county of residence:
 State: CA Years: _____ County: L.A. Yrs: 8
 Street Address: 4412 COMMONWEALTH AVE
 City or Town: LA CANADA
 Citizen of USA: Yes: _____ No: _____ Citizen of Foreign Country: Yes: _____ What country: _____
 How many years in USA: _____

Name of deceased: E. DORSET

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MEDICAL CERTIFICATION

Date of Death: Month: 01 Day: 06 Year: 2004 Hour: 14 Min: 10 AM: or PM:

I hereby certify that I attended the deceased from 10-23-2003 to 1-6-2004 and that the last time I saw Him/ Her alive was on: 12-17-2003 and that death occurred on the date and hour stated above.

Immediate cause of death: CARDIOPULMONARY ARREST Yrs: Mos: Wks:
Days: Hrs: Mins: SECS

Due to: CORONARY ARTERY DISEASE Yrs: Mos: Days: Hrs:

Due to: Yrs: Mos: Days:

Other conditions: ATRIAL FIBRILLATION Yrs: Mos: Days:

Major findings:

Was operation performed? Yes: No: Findings: Date:

Investigation performed? Yes: No: Findings:

Was autopsy performed? Yes: No: Findings:

Was biopsy performed? Yes: No: Findings:

Tests Performed? Yes: No: Findings:

If death was due to external causes, see the following:

Accident: Suicide: Homicide: Other:

Date of Occurrence:

Where did injury occur: City: State: County:

Did injury occur in or about: Home: On farm: Industrial place: In Public:

Place:

While at work: Yes: No:

Means of Injury:

Doctor's signature: HOLGER BRACHT License #: 20A0650 M.D. or other: DO

Address: 1518 VERDUGO BLVD Date signed: 1-8-2004

City & State: GLENDALE, CA 91208

Date Filed: 1-9-2004

By whom: