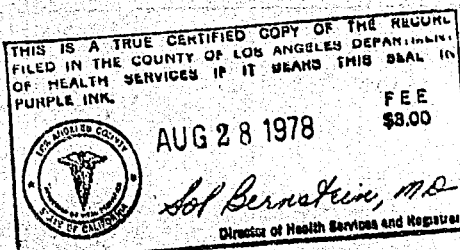


64917

CERTIFICATE OF DEATH
STATE OF CALIFORNIAVol. ^m 79 Page 7229

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST CARL			1B. MIDDLE L.		1C. LAST ROCK
2A. DATE OF DEATH (MONTH, DAY, YEAR) 8/22/78			2B. HOUR 1034		
3. SEX Male	4. RACE White	5. ETHNICITY Polish	6. DATE OF BIRTH January 17, 1909		7. AGE 69 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New York			9. NAME AND BIRTHPLACE OF FATHER Lawrence Ruchaczewski - Poland		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Victoria Sczuthowski - Poland
11. CITIZEN OF WHAT COUNTRY U.S.A.			12. SOCIAL SECURITY NUMBER 106-07-0194		13. MARITAL STATUS Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Helen Olszewski			15. PRIMARY OCCUPATION Baker		
16. NUMBER OF YEARS THIS OCCUPATION 60			17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Van DeKamp Co.		18. KIND OF INDUSTRY OR BUSINESS Bakery
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1410 Valley View			19B. Glendale		19C. CITY OR TOWN Glendale
19D. COUNTY Los Angeles			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mr. Carl Rock - Son 14 Corte Nueva Millbrae, CA 94030		
21A. PLACE OF DEATH Glendale Adventist Hospital			21B. COUNTY Los Angeles		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1509 Wilson Terrace
21D. CITY OR TOWN Glendale			22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Myocardial Infarction (B) Coronary Artery Sclerosis (C) Hypertension 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH 24. WAS DEATH REPORTED TO CORONER? 25. WAS BIOPSY PERFORMED? 26. WAS AUTOPSY PERFORMED?		
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE 28C. DATE SIGNED 28D. PHYSICIAN'S LICENSE NUMBER 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) 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 37. DATE—MONTH, DAY, YEAR 38. NAME AND ADDRESS 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 41. LOCAL REGISTRAR'S SIGNATURE 42. DATE ACCEPTED BY LOCAL REGISTRAR STATE REGISTRAR VS-11 (5-78)					



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of March A.D., 19 79 at 8:39 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 7229.

FEE \$3.00

WM. D. MILNE, County Clerk
By Shirley A. Hutch Deputy

Return to
Discomini Jones & Zamsky
635 Main
E. Tall, Or

01-3-1-0353