80017 K-32858

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

Vol M80 Page 1879

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

| 1a. NAME OF DECEASED—FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME |
|---|---|---|
| Michael | Andrew | Lukaesko |

| 3. SEX | 4. COLOR OR RACE | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 6. DATE OF BIRTH | 7. AGE (LAST BIRTHDAY) |
|---|---|---|---|---|
| Male | Caucasian | Pennsylvania | September 25, 1908 | 68 YEARS |

2a. DATE OF DEATH—MONTH, DAY, YEAR: December 6, 1976
2b. HOUR: 2:40 P.M.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES

8. NAME AND BIRTHPLACE OF FATHER: Michael Lukaesko - Czechoslovakia
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mary Ruhal - Czechoslovakia
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 284-05-4348
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ardith Gordon
14. LAST OCCUPATION: Store Keeper
15. NUMBER OF YEARS IN THIS OCCUPATION: 13
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): City Of Hope, Duarte
17. KIND OF INDUSTRY OR BUSINESS: Hospital

**PLACE OF DEATH**

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Queen of the Valley Hospital
18b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION): 1115 South Sunset Avenue
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. CITY OR TOWN: West Covina
18e. COUNTY: Los Angeles
18f. LENGTH OF STAY IN COUNTY OF DEATH: 22 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 22 YEARS

**USUAL RESIDENCE** (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 633 South Lark Ellen
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
19c. CITY OR TOWN: West Covina
19d. COUNTY: Los Angeles
19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Ardith E. Lukaesko - wife
Same

**PHYSICIAN'S OR CORONER'S CERTIFICATION**

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR THE REMAINS OF DECEASED AS REQUIRED BY LAW AS: (INVESTIGATION OR INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR): 1974 TO (ENTER MONTH, DAY, YEAR): 11-30-76 AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR): 11-18-76

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: James Li Liebst
21d. DATE SIGNED: 12-7-76
21e. ADDRESS: 118 W Alosta, Glendora
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G 2539

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 12-9-76
23. NAME OF CEMETERY OR CREMATORY: Forest Lawn Memorial Park Covina
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: James C. Murray #3469
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Forest Lawn Mortuary Covina
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No
27. LOCAL REGISTRAR—SIGNATURE: Lisbon A. Witherill
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: DEC 8 1976

**CAUSE OF DEATH**

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes
(B) DUE TO, OR AS A CONSEQUENCE OF: Coronary occlusion — minutes
(C) DUE TO, OR AS A CONSEQUENCE OF: Coronary arteriosclerosis — years

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

**INJURY INFORMATION**

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) FREEWAY, HIGHWAY, STREET
35. INJURY AT WORK (SPECIFY YES OR NO)
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): No
32a. AUTOPSY (SPECIFY YES OR NO): No
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
36a. DATE OF INJURY—MONTH, DAY, YEAR
36b. HOUR
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

**STATE REGISTRAR**

A. B. C. D. E. F. 01-9-1-0636

S/ MEDICAL AND HEALTH DATA

KCTC

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.

DEC 9 1976 FEE $2.00

Lisbon A. Witherill, Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of January A.D., 19 80 at 10:00 o'clock A M., and duly recorded in Vol M80 of Deeds on Page 1879.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Hatch Deputy