91732

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

M3600 P 20820

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ANASTACIA	JOAN	KUCKOWICZ

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JUNE 3, 1980	0154

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Female	White	American	January 25, 1920

7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
60 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Illinois	Frank Budzikowski; Poland	Catherine Kalisz; Poland

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
United States	350-10-5696	Married	Edward Kuckowicz

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

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
51890 Breezeway	1044	Morongo Valley

19D. COUNTY	19E. STATE
San Bernardino	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
KAISER FOUNDATION HOSPITAL	SAN BERNARDINO

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
9961 SIERRA AVENUE	FONTANA

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Edward Kuckowicz (Husband)
51890 Breezeway
Morongo Valley, CA. 92256

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE
(A) Pneumonia bilateral — Days

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF
(B) Metastatic breast cancer — Yrs
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
NONE

24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? YES
26. WAS AUTOPSY PERFORMED? NO
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Mastectomy (R) DATE 1973

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
2-14-77	6-2-80	Florentino D Gabriel M.D.	6.3.80	A 25469

28E. TYPE PHYSICIAN'S NAME AND ADDRESS
FLORENTINO D.GABRIEL M.D.9961 SIERRA,FONTANA CALIF.92335

INJURY INFORMATION

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)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED 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 OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	June 7,1980	Mountain Valley Mem. Park,Joshua Tree,CA.	#6038 Terry Jackson

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Wiefels & Son -- Yucca Valley	L.E.Mahoney,M.D./by: J.E.S. Dep.	June 5, 1980

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
15-6-10					1749

VS-11 (10-78)

* * * * * * * * * * * * * * * * * * * This must be in red to be a "CERTIFIED COPY" * * * * * * * * * * * * * * * * * * *

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

Louis E. Mahoney M.D.

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of October A.D., 19 80 at 2:52 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 20820.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha Aldrich Deputy