'81 JUL 20 PM 1 42

2222

Vol. M81 Page 12919

I HEREBY CERTIFY THAT IF AFFIXED WITH THE SEAL OF ORANGE COUNTY RECORDER, THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED OR RECORDED IN THIS OFFICE

DATE 6-12-81 FEE $3.00

COUNTY RECORDER

Lee A. Branch

ORANGE COUNTY, STATE OF CALIFORNIA

BK 240 Pg 404

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 2000 01806

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Benjamin
1B. MIDDLE:
1C. LAST: Weir
2A. DATE OF DEATH (MONTH, DAY, YEAR): June 4, 1980
2B. HOUR: 1127
3. SEX: Male
4. RACE: Cauc
5. ETHNICITY:
6. DATE OF BIRTH: March 26, 1920
7. AGE: 60 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Pennsylvania
9. NAME AND BIRTHPLACE OF FATHER: Abraham Wior, Poland
10. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Celia Rosen, Poland
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: 052-16-9763
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Ruth Regen
15. PRIMARY OCCUPATION: Engineer
16. NUMBER OF YEARS THIS OCCUPATION: 12
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Federal Government
18. KIND OF INDUSTRY OR BUSINESS: Electrical Engineering

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 15791 Swan Lane
19B.
19C. CITY OR TOWN: Huntington Beach
19D. COUNTY: Orange
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Harry Wior brother
8003 Brimfield Avenue
Panorama City, California 91402

PLACE OF DEATH

21A. PLACE OF DEATH: Huntington Inter Community Hospital
21B. COUNTY: Orange
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 177772 Beach Blvd.
21D. CITY OR TOWN: Huntington Beach

CAUSE OF DEATH

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) Cardiac arrest — DUE TO, OR AS A CONSEQUENCE OF
(B) Myocardial infarction — DUE TO, OR AS A CONSEQUENCE OF
(C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
24. WAS DEATH REPORTED TO CORONER? no
25. WAS BIOPSY PERFORMED? no
26. WAS AUTOPSY PERFORMED? no
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? no
TYPE OF OPERATION: DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED
ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 6/02/80
LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 6/3/80
28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE:
28C. DATE SIGNED: 6/04/80
28D. PHYSICIAN'S LICENSE NUMBER: G20357
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Arthur Calick, M.D. 17752 Beach Blvd. S-102 Huntington Beach

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 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: Burial
37. DATE—MONTH, DAY, YEAR: June 6, 1980
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: 1500 Sepulveda Blvd. Eden Memorial Park, Mission Hills, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: not embalmed
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CROMAN EDEN MORTUARY al
41. LOCAL REGISTRAR—SIGNATURE AND TITLE: A. Clay Elling, D.C.
42. DATE ACCEPTED BY LOCAL REGISTRAR: JUN 6 1980

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (10-79)

Unofficial Copy