

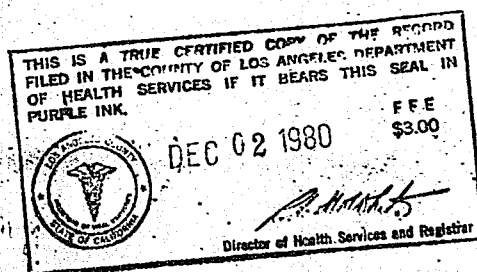
4120

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST George		1B. MIDDLE Bogazis		1C. LAST Bogazis	
3. SEX Male	4. RACE White	5. ETHNICITY Greek American	6. DATE OF BIRTH Sept 20, 1930		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New York		9. NAME AND BIRTHPLACE OF FATHER Michael Bogazis - Greece		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Unknown Unknown-Greece	
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 048 22 4588		13. MARITAL STATUS Married	
15. PRIMARY OCCUPATION Electrical Tech.		16. NUMBER OF YEARS THIS OCCUPATION 24		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Rockwell International	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 15455 Giordano		19B. La Puente		19C. CITY OR TOWN La Puente	
19D. COUNTY Los Angeles		19E. STATE Ca		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Lorraine Bogazis, Wife 15455 Giordano La Puente, Ca	
21A. PLACE OF DEATH Queen of the Valley Hospital		21B. COUNTY Los Angeles		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1115 Sunset	
21D. CITY OR TOWN W. Covina		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) metastatic carcinoma to cerebellum - 2 yrs (B) primary unknown (C) lymphoma			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Craniotomy to remove tumor			
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.) 9-24-80		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE M. Ray Rogers, M.D.		28C. DATE SIGNED 12-1-80	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS M. Ray Rogers, M.D. 246 W. College Covina, Calif.		28D. PHYSICIAN'S LICENSE NUMBER C 20317			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. 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 Charles B. Smith			
35C. DATE SIGNED DEC 01 1980		36. DISPOSITION Cremation			
37. DATE—MONTH, DAY, YEAR Dec 3, 1980		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Memory Gardens, 455 Central, Brea, Ca		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE Charles B. Smith	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Blackman Mortuary		41. SIGNATURE OF FUNERAL DIRECTOR Blackman Mortuary			
42. DATE ACCEPTED FOR REGISTRATION DEC 01 1980		43. STATE REGISTRAR VS-11 (10-78)			

Ret: Lorraine Bogazis
15455 GIORDANO ST
La Puente, Calif.
91744



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the

9th day of September A.D., 1981 at 1:11

o'clock P M., and duly recorded in

Vol M81, of Deeds on page 15991.

Fee \$ 4.00

EVELYN DIEHN

COUNTY CLERK

By [Signature] deputy

01-8-1-0636