4120

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol M81 Page 15991

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
George		Bogazis	Nov 29, 1980	1515

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Male	White	Greek American	Sept 20, 1930	50 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
New York	Michael Bogazis - Greece	Unknown Unknown-Greece

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	048 22 4588	Married	Lorraine Jackson

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Electrical Tech.	24	Rockwell International	Aerospace

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
15455 Giordano		La Puente

19D. COUNTY	19E. STATE
Los Angeles	Ca

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Queen of the Valley Hospital	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1115 Sunset	W. Covina

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Lorraine Bogazis, Wife
15455 Giordano
La Puente, Ca

CAUSE OF DEATH

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

IMMEDIATE CAUSE
(A) Metastatic carcinoma to Cerebellum — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF
(B) primary unknown
DUE TO, OR AS A CONSEQUENCE OF
(C)

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No
25. WAS BIOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? No

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? TYPE OF OPERATION: Cryosurgery & tumor removal DATE: 6-79 10-7-80

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.)
9-24-80	11-29-80

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: M. Ray Rogers MD
28C. DATE SIGNED: 12-1-80
28D. PHYSICIAN'S LICENSE NUMBER: C 20317
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: M. Ray Rogers, M.D. 246 W. College Covina, Calif.

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
10:12 P

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 OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	Dec 3, 1980	Memory Gardens, 455 Central, Brea, Ca 5065	Charles E Smith

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Blackman Mortuary	[signature]	DEC 01 1980

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (10-79)

01-8-1-6636

Rel.- Lorraine Bogazis
15455 GIORDANO ST
La Puente Calif
91744

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.
FEE $3.00
DEC 02 1980
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 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 BIEHN
COUNTY CLERK
By [signature] deputy