

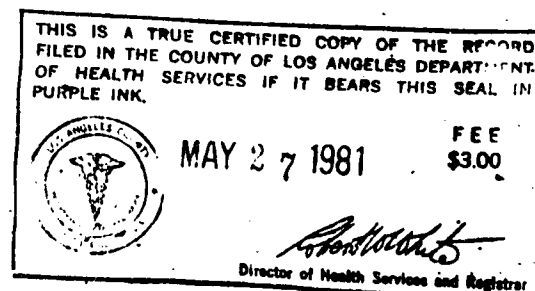
4910

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		EMIL				URSA		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR	
MALE		White				November 29, 1920		60		YEARS MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
Ohio		Theodore Ursa - Romania		Mary Sass- Romania		U.S.A.		379-18-7539		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF EMPLOYED, SO STATE)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
Machinist		25		Self-Employed		Victoria Nicora		Aircraft Manufacturing		Valinda	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. DATE OF DEATH		22. HOUR	
517 Lidford Avenue		Los Angeles		California		Mrs. Victoria Ursa - Wife		517 Lidford Avenue		Valinda, California 91744	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
(A) SQUAMOUS CELL CARCINOMA LUNG		NO		NO		YES		NO		EXCISION BX NONE	
(B)										DATE 6/15/80	
(C)										DATE 5/26/81	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
11/7/80 5/6/81		Leonard Sadoff MD		5/26/81		C19420				LEONARD SADOFF MD 1505 EDMONT LA CALIF 90027	
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)		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	
										5-27-1981	
										38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
										Forest Lawn Memorial Park	
										21300 Via Verde Drive Covina, CA	
										39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
										3773 Sidney McDonald	
										42. DATE ACCEPTED BY LOCAL REGISTRAR	
										MAY 27 1981	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL HEALTH OFFICIAL'S SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR		44. COUNTY REGISTRAR		45. FEE	
Forest Lawn Mortuary/Covina		[Signature]		MAY 27 1981		[Signature]		[Signature]		\$3.00	



STATE OF OREGON; COUNTY OF KLAMATH: ss.

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

28th day of September A.D., 1981 at 11:48 o'clock A.M., and duly recorded in

Vol M81 of Deeds on page 17249.

Fee \$4.00

EVELYN BIEHN

COUNTY CLERK

Deputy