4910

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M81 Page 17249

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
EMIL		URSA

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
MAY 23, 1981	0745

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
MALE	White		November 29, 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
Ohio	Theodore Ursa - Romania	Mary Sass- Romania

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	379-18-7539	Married	Victoria Nicora

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Machinist	25	Self-Employed	Aircraft Manufacturing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
517 Lidford Avenue		Valinda

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
517 Lidford Avenue	Valinda

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP — returned

Mrs. Victoria Ursa - Wife
517 Lidford Avenue
Valinda, California 91744

X

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) SQUAMOUS CELL CARCINOMA LUNG — 18 MO
DUE TO, OR AS A CONSEQUENCE OF
(B)
DUE TO, OR AS A CONSEQUENCE OF
(C)

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
NO

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION
EXCISION BX NODE — DATE 6/15/80

'81 SEP 28 AM 11 48

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)
11/7/80	5/6/81

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Leonard Sadoff MD.

28C. DATE SIGNED: 5/26/81

28D. PHYSICIAN'S LICENSE NUMBER: C19420

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: LEONARD SADOFF MD 1505 EDGEMONT LA CALIF 90027

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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	5-27-1981	Forest Lawn Memorial Park 21300 Via Verde Drive Covina, CA	3773 Sidney McDonald

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Forest Lawn Mortuary/Covina		MAY 27 1981

STATE REGISTRAR

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

VS-11 (10-78)

U-8-1-7005

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.

MAY 27 1981

FEE $3.00

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 28th day of September A.D., 19 81 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

By Marian A. Johnson Deputy