

18259

CERTIFICATE OF DEATH

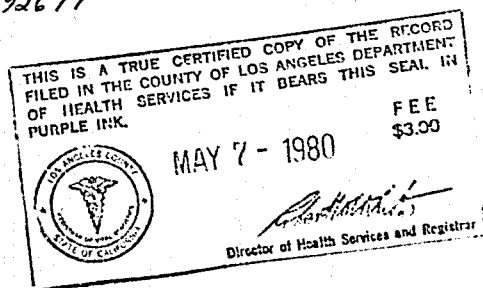
STATE OF CALIFORNIA

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STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST ANTHONY		1B. MIDDLE PETER	1C. LAST BAIMA	2A. DATE OF DEATH (MONTH, DAY, YEAR) MAY 3, 1980		NUMBER 0200			
3. SEX MALE		4. RACE CAUCASIAN		5. ETHNICITY		6. DATE OF BIRTH AUGUST 2, 1930		7. AGE 49	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN) CALIFORNIA		9. NAME AND BIRTHPLACE OF FATHER DOMONICK BAIMA, COLORADO				10. BIRTH NAME AND BIRTHPLACE OF MOTHER ANNE BEDENE, KANSAS					
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 564-34-3944		13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) BARBARA HICKS					
15. PRIMARY OCCUPATION BUILDING CONTRACTOR		16. NUMBER OF YEARS THIS OCCUPATION 20		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) SELF		18. KIND OF INDUSTRY OR BUSINESS ROOFING					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2051 W. 238th STREET		19B.		19C. CITY OR TOWN TORRANCE							
19D. COUNTY LOS ANGELES		19E. STATE CALIFORNIA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP BARBARA BAIMA (WIFE) 2051 W. 238th STREET TORRANCE, CA. 90501							
21A. PLACE OF DEATH SOUTH BAY HOSPITAL		21B. COUNTY LOS ANGELES									
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 514 N. PROSPECT AVENUE		21D. CITY OR TOWN REDONDO BEACH									
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Braun Tumor</i> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) (C)		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 <i>yes Craniotomy</i>		24. WAS DEATH REPORTED TO CORONER? <i>no</i>		25. WAS BIOPSY PERFORMED? <i>yes</i>		26. WAS AUTOPSY PERFORMED? <i>no</i>	
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.) 4-10-80		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Alfred C. M. de Ciutiis</i> ALFRED C. M. DE CIUTIS, M.D., 510 NO. PROSPECT, BEACH, CALIF.		28C. DATE SIGNED 5/6/80		28D. PHYSICIAN'S LICENSE NUMBER 529161					
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)									
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-INVIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED							
36. DISPOSITION BURIAL		37. DATE—MONTH, DAY, YEAR MAY 7, 1980		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY GREEN HILLS MEMORIAL PARK, 27501 SO. WESTERN AVE., SAN PEDRO, CA.				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <i>Melton Graham</i> 4863			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GREEN HILLS MORTUARY		41. LOCAL REGISTRAR'S SIGNATURE <i>Rodney Mills</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR MAY 7 - 1980							
STATE REGISTRAR A.		B.		C.		D.		E.		F.	

VS-11 (10-78)

Ret Rodney Mills
295 W. Delahone Lane
Hayward, Calif. 92677



STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for
record on the 13 day of Dec. A.D., 1982 at 8:37 o'clock A M
and duly recorded in Vol M82, of Deeds on page 17569

FEE \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by *Joyce M. Deane* Deputy