21910

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190-002939

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
Wayne	Charles	Seislove	January 17, 1983	0010

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Male	Cauc	----	January 7, 1928	55 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Ohio	Louis Seislove, Ohio	Clara Fey, Ohio

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	289-22-2274	Married	Margot Klauer

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Security Guard	10	L.A. Turf Club	Horse Racing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS	19B.	19C. CITY OR TOWN
2503 Rochelle	----	Monrovia

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	Calif.	Margot Seislove, Wife Same

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Methodist Hosp. of So. Calif.	Los Angeles

21C. STREET ADDRESS	21D. CITY OR TOWN
300 W. Huntington Dr.	Arcadia

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) STAB WOUND TO ABDOMEN

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

24. WAS DEATH REPORTED TO CORONER: 83-00773

25. WAS BIOPSY PERFORMED: No

26. WAS AUTOPSY PERFORMED: Yes

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: Laparotomy, Surgical Repair — DATE: 1-17-8

PHYSICIAN'S CERTIFICATION

23A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

23B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE — 23C. DATE SIGNED — 23D. PHYSICIAN'S LICENSE NUMBER

23E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY	32B. HOUR
Homicide	Parking Lot	Yes	1-16-83	1700

33. LOCATION	34. DESCRIBE HOW INJURY OCCURRED
285 W. Huntington Dr - Arcadia	Stab Wound

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 INVESTIGATION

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: Deputy Coroner

35C. DATE SIGNED: 1-19-83

36. DISPOSITION	37. DATE	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER—LICENSE NO. AND SIGNATURE
Burial	1/21/83	Rose Hills Mem'l Park, Whittier	4162

40. NAME OF FUNERAL DIRECTOR	41. LOCAL REGISTRAR	42. DATE ACCEPTED BY LOCAL REGISTRAR
Glasser-Miller-Lamb Mortuary 747		JAN 20 1983

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (10/79)

Margot Seislove
2503 S. Rochelle
Monrovia, Ca. 91016

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.

FEB 25 1983

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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 31st day of March A.D., 19 83 at 8:40 o'clock A M, and duly recorded in Vol M83, of Deeds on page 4739

EVELYN BIEHN COUNTY CLERK

Fee $ 4.00

by Sue Lewis Deputy