27035

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M83 Page 13725

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B.	1C. LAST
JOHN	EDWARD	LUCAS

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
10/10/81	1124

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR MONTHS / DAYS / IF UNDER 24 HOURS HOURS / MINUTES)
Male	Cauc.		Feb. 15, 1919	62

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Indiana	unk. Lucas / Indiana	Ora Ridge / Kentucky

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.	483-02-9731	Married	Margot Smith

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
machinist	30	T.R.W.	aerospace

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
8233 Manchester Ave., Apt. 5		Playa del Rey

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Westlake Community Hospital	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
4415 Lakeview	Westlake Village

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Margot M. Lucas, wife
8233 ManchesterAve., #5
Playa del Rey, CA 90291

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF
(B)
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 REFERRED TO CORONER? 81-12921
25. WAS AUTOPSY 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? No
TYPE OF OPERATION — DATE

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.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. 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—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 TITLE
THOMAS T. NOGUCHI, M.D., CORONER
DEPUTY

DATE SIGNED
10-12-81

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	10/13/81	Pacific Crest, 2701 W. 182, Redondo Beach	not embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
Douglass Mortuary, El Segundo

41. LOCAL REGISTRAR

42. DATE ACCEPTED BY LOCAL REGISTRAR
OCT 13 1981

STATE REGISTRAR

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

VS-11 (10-78)

Return:
COTTLE & HOWSER
PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
607 SISKIYOU BOULEVARD
POST OFFICE BOX 627
ASHLAND, OREGON 97520

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.

OCT 13 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 16 day of August A.D., 19 83 at 11:32 o'clock A M and duly recorded in Vol M83, of DEEDS on page 13725

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Jan Evans Deputy