CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER: 30085

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 0190-033227

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DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	James
1B. MIDDLE	G
1C. LAST	Denmetrakos
2A. DATE OF DEATH (MONTH, DAY, YEAR)	July 10, 1983
2B. HOUR	1525
3. SEX	Male
4. RACE/ETHNICITY	White/American
5. SPANISH/HISPANIC	NO
6. DATE OF BIRTH	September 11, 1932
7. AGE	50 YEARS
IF UNDER 1 YEAR MONTHS	
IF UNDER 24 HOURS DAYS	
IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	OR
9. NAME AND BIRTHPLACE OF FATHER	Gus Denmetrakos - Greece
10. BIRTH NAME AND BIRTHPLACE OF MOTHER	Petra Corona - Mexico
11. CITIZEN OF WHAT COUNTRY	U.S.A.
12. SOCIAL SECURITY NUMBER	541-98-2800
13. MARITAL STATUS	Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	Beverly Wampler
15. PRIMARY OCCUPATION	Owner
16. NUMBER OF YEARS IN OCCUPATION	2
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	Denmetrakos Corp.
18. KIND OF INDUSTRY OR BUSINESS	Consultant

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1916 Sumba Circle
19B.	
19C. CITY OR TOWN	Costa Mesa
19D. COUNTY	Orange
19E. STATE	California

1 OF 2

PLACE OF DEATH

21A. PLACE OF DEATH	Kenneth Norris, Jr. Cancer Hosp.
21B. COUNTY	Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1414 Eastlake Avenue
21D. CITY OR TOWN	Los Angeles

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Beverly Denmetrakos (wife), 1916 Sumba Circle, Costa Mesa, CA 92626

Return

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) Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF

(B) Pulmonary Effusion

DUE TO, OR AS A CONSEQUENCE OF

(C) Transitional Cell Carcinoma - Kidney

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? no

25. WAS AUTOPSY PERFORMED? no

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? TYPE OF OPERATION: Hickman Catheter Placement DATE: 6-17-83

PHYSICIAN'S CERTIFICATION

'83 NOV 1 PM 1 07

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. DA. YR.) 11/2/82 OK. I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.) 6/30/83

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Raymond A Kemp MD

28C. DATE SIGNED: 7/12/83

28D. PHYSICIAN'S LICENSE NUMBER: G035190

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Raymond A. Kempf, M.D. 2025 Zonal Ave., Los Angeles, CA 90033

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 FILED 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	
Cremation	July 13, 1983	Fairhaven Memorial Park, Santa Ana, CA	6472	
40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR	
Fairhaven Mortuary	1313		JUL 12 1983	

STATE REGISTRAR

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

VS-11 (6-82)

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.

AUG 11 1983

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Director of Health Services and Registrar

ck 800

AFFIDAVIT TO AMEND A RECORD

STATE CERTIFICATE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

0190-033252 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

18818

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
James	G	Denmetrakos

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Male	July 10, 1983	Los Angeles, Los Angeles

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Gus Denmetrakos	Petra Corona

2 OF 2

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
1C	Denmetrakos	Demetrakos
9	Gus Denmetrakos - Greece	Gus Demetrakos - Greece
17	Denmetrakos Corp.	Demetrakos Corp.
20	Beverly Denmetrakos (wife)	Beverly Demetrakos (wife)
	1916 Sumba Circle	1916 Sumba Circle
	Costa Mesa, CA 92626	Costa Mesa, CA 92626

REASON FOR CORRECTION — 9. typing error

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
[signature]	Funeral Director	Legal

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
7/13/83	1702 E. Fairhaven Ave., Santa Ana, California

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
Michael W Gibson	Funeral Director	Legal

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
7/13/83	1702 E. Fairhaven Ave., Santa Ana, California

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
AUG 02 1983	[signature]

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-80) FORM VS-24

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.

AUG 11 1983

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Director of Health Services and Registrar

STATE OF OREGON,)
County of Klamath)
Filed for record at request of

on this 1st day of Nov. A.D. 19 83
at 1:07 o'clock P M, and duly
recorded in Vol. M83 of Deeds
Page 18817

EVELYN BIEHN, County Clerk
By [signature] Deputy
Fee 8.00