BOOK 1983 PAGE

45367

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

33 002023
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	Stanley
1B. MIDDLE	John
1C. LAST	Pocius
2A. DATE OF DEATH (MONTH, DAY, YEAR)	April 17,1983
2B. HOUR	0350
3. SEX	Male
4. RACE/ETHNICITY	White
5. SPANISH/HISPANIC	No
6. DATE OF BIRTH	January 31,1922
7. AGE	61 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	IL
9. NAME AND BIRTHPLACE OF FATHER	Louis Pocius - Unknown
10. BIRTH NAME AND BIRTHPLACE OF MOTHER	Julia Kumas - Unknown
11. CITIZEN OF WHAT COUNTRY	USA
12. SOCIAL SECURITY NUMBER	546 32 3484
13. MARITAL STATUS	Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	Connie Rivera
15. PRIMARY OCCUPATION	Painter
16. NUMBER OF YEARS THIS OCCUPATION	35
17. EMPLOYER (IF SELF EMPLOYED, SO STATE)	Gene Avriette
18. KIND OF INDUSTRY OR BUSINESS	Painting Contractor

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	69 991 Papaya Lane
19B.	45001
19C. CITY OR TOWN	Cathedral City
19D. COUNTY	Riverside
19E. STATE	CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	Connie Pocius - Spouse Same as Decedent

PLACE OF DEATH

21A. PLACE OF DEATH	Eisenhower Medical Center
21B. COUNTY	Riverside
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	39 000 Bob Hope Drive
21D. CITY OR TOWN	Rancho Mirage

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) Suspect cardiac Arrhythmia
DUE TO, OR AS A CONSEQUENCE OF
(B) Arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF
(C)

4-18-83. 16:40
Chon ... M.D.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes
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: No. DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
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): INVESTIGATION
35B. CORONER—SIGNATURE AND DEGREE OR TITLE: William J. Dykes, Coroner by: Robert ... Drake, Deputy
35C. DATE SIGNED: 04-19-83

36. DISPOSITION	Burial
37. DATE MONTH, DAY, YEAR	April 21,1983
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	Desert Memorial Park, Cathedral City, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	NOT EMBALMED
40A. NAME OF FUNERAL DIRECTOR	Wiefels & Son - Palm Springs
40B. LICENSE NO.	836
41. LOCAL REGISTRAR—SIGNATURE	Allyn E. Bridgew...
42. DATE ACCEPTED BY LOCAL REGISTRAR	APR 20 1983

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

'85 JAN 25 AM 11 51

This must be in red to be a "CERTIFIED COPY"

This is to certify, when stamped with the seal of the Riverside County Recorder, that this is a true copy of the permanent record on file in this office.

Date JAN 1 8 1985

William E. Conerly
Recorder
RIVERSIDE COUNTY, CALIF.

RECORDER OF RIVERSIDE COUNTY CALIFORNIA

Certification must be in red to be a "CERTIFIED COPY"

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 25th day of January A.D., 19 85 at 11:51 o'clock A M, and duly recorded in Vol M85 of Deeds on page 1441

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Fee: $5.00

Return: Realvest Inc. 438 Sycamore Road, Santa Monica California 90402