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THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.
Date: AUG 29 1984
Fee $4.00 No Fee Voter
Santa Ana, California
Health Officer and Local Registrar of Births and Deaths of Orange County

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3000 07846

1A. NAME OF DECEDENT—FIRST: John
1B. MIDDLE: Herbert
1C. LAST: Schissler
2A. DATE OF DEATH (MONTH, DAY, YEAR): August 21, 1984
2B. HOUR: 1715
3. SEX: Male
4. RACE/ETHNICITY: Caucasian
5. SPANISH/HISPANIC: NO [X]
6. DATE OF BIRTH: Oct. 17, 1922
7. AGE: 61 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CO
9. NAME AND BIRTHPLACE OF FATHER: George Schissler - Russia
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Elizabeth Bütherus - Russia
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 523-14-4432
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Lorna Hickman
15. PRIMARY OCCUPATION: Corporate Insurance Manager
16. NUMBER OF YEARS THIS OCCUPATION: 10
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Owl Companies
18. KIND OF INDUSTRY OR BUSINESS: Construction
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 12 Sunset River
19B.
19C. CITY OR TOWN: Irvine
19D. COUNTY: Orange
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Lorna Schissler - Wife, 12 Sunset River, Irvine, CA 92714 Return
21A. PLACE OF DEATH: Tustin Community Hospital
21B. COUNTY: Orange
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 14662 Newport Avenue
21D. CITY OR TOWN: Tustin

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Hepatocellular Carcinoma — 6 wks
DUE TO, OR AS A CONSEQUENCE OF (B) with hepato-renal failure
DUE TO, OR AS A CONSEQUENCE OF (C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? YES
25. WAS BIOPSY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? NO
23. OTHER SIGNIFICANT CONDITIONS: Liver failure with cirrhosis, 2° hepatitis B
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Liver Biopsy DATE: July 1984
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
ATTENDED DECEDENT SINCE: 8-19-84
LAST SAW DECEDENT ALIVE: 8-21-84
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Marjorie A. Baughan MD
28C. DATE SIGNED: 8-23-84
28D. PHYSICIAN'S LICENSE NUMBER: G-10122
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Marjorie A. Baughan M.D., 18102 Irvine Blvd., Tustin, CA
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-INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED
36. DISPOSITION: Cremation
37. DATE—MONTH, DAY, YEAR: 8-23-84
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Cremar Crematory - Anaheim, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Saddleback Chapel
40B. LICENSE NO.: #1099
41. LOCAL REGISTRAR—SIGNATURE: [signature], M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: AUG 22 1984

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

VS-11 (7-83)

87604-449 8-83 400M DUP OSP

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 11th day of February A.D., 1985 at 1:05 o'clock P M, and duly recorded in Vol M85, of Deeds on page 2152

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy