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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M86 Page 17896

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Woodrow	Wilson	LaMance

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Male	White		May 29, 1915

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
October 17, 1982	0530

7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
67 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Texas	Benjamin LaMance Texas	Rose Perry Texas

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.	451-07-3811	Married	Phyllis Caruso

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Real Estate Broker	25	Self	Real Estate

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
2060 St. Louis Avenue		Long Beach

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Little Company of Mary Hospital	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
4101 Torrance Blvd.	Torrance

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Phyllis LaMance (Wife)
2060 St. Louis Avenue
Long Beach, California
90806

CAUSE OF DEATH

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE
(A) CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF
(B) SEVERE CORONARY ARTERY
DUE TO, OR AS A CONSEQUENCE OF
(C) DISEASE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
LEFT VENTRICULAR ANEURYSM

24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO

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.)
10-16-82	10-17-82

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO
TYPE OF OPERATION — DATE

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: John R Sabatini
28C. DATE SIGNED: 10-16-82
28D. PHYSICIAN'S LICENSE NUMBER: G-031402
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: JOHN R. SABATINI, M.D.-3640 LOMITA BLVD. #203-TORRANCE, CA. 90505

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

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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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	10/20/1982	Green Hills Memorial Park 27501 S. Western Ave. San Pedro, Ca.	5643

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
McCormick Mortuary	292 T		OCT 20 1982

STATE REGISTRAR

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

VS-11 (10-78)

01-3-1-0170

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 20 1982

FEE $3.00

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Director of Health Services and Registrar

Ret: Stump, Garner + Wright
Attorneys @ Law
3835 E. 7th St
Long Beach, Ca
90804

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of October A.D., 19 86 at 12:25 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 17896 the 1st day

FEE $5.00

Evelyn Biehn, County Clerk
By _____