1492

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

Vol. M89 Page 10675

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
LEO	FRANK	HYLLA	January 2, 1989	1430	M

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Caucasian	☐ YES ☒ NO SPECIFY	April 13, 1923	65				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
IL	U.S.A.	Frank Hylla	IL	Helen Ratajczak	Poland

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 42 TO 19 45 ☐ NONE	342-12-1586	Divorced	

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Maintenance	Education	Cal-Arts Institure	25	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
20401 Soledad Canyon Rd. # 440	Canyon Country	91351

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
Los Angeles	25	California

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL: SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Residence		Los Angeles	Kathy Searby - Daughter 16713 Citromia St. Sepulveda, CA. 91343

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
20401 Soledad Canyon Rd. #440	Canyon Country

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Hypertensive Arteriosclerotic Cardiovascular Disease	Years
DUE TO (B)		
DUE TO (C)		

22. WAS DEATH REPORTED TO CORONER? ☒ YES 89-0007-1 REFERRAL NUMBER ☐ NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: None

24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? TYPE: NO

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR — DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN

27C. PHYSICIAN'S LICENSE NUMBER

27D. DATE SIGNED

27E. TYPE, ATTENDING PHYSICIAN'S NAME AND ADDRESS

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE OF CORONER OR DEPUTY CORONER: L. McDonald Deputy Coroner

28B. DATE SIGNED: 1-4-89

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined

30A. PLACE OF INJURY

30B. INJURY AT WORK ☐ YES ☐ NO

30C. DATE OF INJURY MONTH, DAY, YEAR

31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Cremation	16713 Citromia St. Sepulveda, CA. 91343	01/11/89	Not embalmed	

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Eternal Valley Mortuary	F-1163	[signature]	JAN 06 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

APR 11 89

JUN 15 10

'89 JAN 31 P12:51

DEFINED CONTRIBUTION PLANS PAMCO

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.

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES STATE OF CALIFORNIA

JAN 06 1989

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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kathy Searby of June A.D., 19 89 at 11:19 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 10675 the 15th day.

FEE $8.00

Return: Kathy Searby
16713 Citromia, Sepulveda, Ca. 91343

Evelyn Biehn County Clerk
By Pauline Mullendore