

28762

CERTIFICATE OF DEATH

STATE OF CALIFORNIA 91377

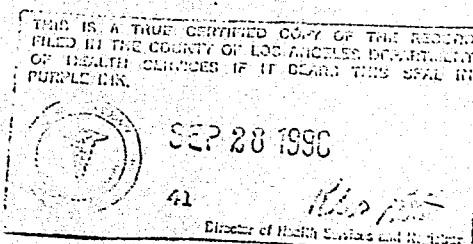
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STATE FILE NUMBER		ATE		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.	
JOSEPH		A.		MARINO JR.		September 14, 1990 1110	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		June 8, 1936		54	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
CA		USA		Joseph A. Marino, SR.		CA	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
19 54 TO 19 62 <input type="checkbox"/> NONE		565-44-4157		Divorced		-	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	
Postal Carrier		U.S. Mail		U.S. Postal Service		30	
17. EDUCATION—YEARS COMPLETED		18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE	
12		1600 No. San Fernando Rd. Apt. 102		Burbank		91504	
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		Cherri R. Marino - Daughter	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER?		23. WAS BIOPSY PERFORMED?	
1600 North San Fernando Road #102		Burbank		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?	
IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B)							
DUE TO (C)							
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED	
NONE		-		-		-	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED	
-		-		Deputy Coroner <i>M. R. Lili</i>		9-15-90	
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		30C. DATE OF INJURY MONTH, DAY, YEAR	
Natural		-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		-	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	
-		-		CR/BU		Forest Lawn Memorial Park	
34C. DATE MO. DAY, YEAR		34D. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
9/28/90		Not Embalmed		-		Kiefer & Eyerick Mortuary	
36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		39. CENSUS TRACT	
FD-61		<i>Robert C. [Signature]</i>		SEP 28 1990		-	
A.		B.		C.		D.	
E.		F.		G.		H.	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return To: Huron Professional Center
 Attn: Ira Jacoves
 545 Ave. 26 West
 Suite 201
 Los Angeles, CA 90065



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 29th day
 of April A.D., 19 91 at 3:05 o'clock P M., and duly recorded in Vol. M91
 of Deeds on Page 7921

FEE \$8.00

Evelyn Biehn
 By Orlene Meadmore County Clerk

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