CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 3 92 55 000178

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 54925

'92 DEC 9 PM 2 12

Volume Page 29066

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
Mike	----	Hapiuk	July 1, 1992	1510	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
White	☐ YES _____ ☒ NO	Aug. 29, 1919	72		

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
CN	USA	William Hapiuk	Ukraine	Anna Wanchulak	Ukraine

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 40 TO 19 45 ☐ NONE	365-16-0688	Married	Vita Signorelli

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Spray Painter-Missiles	Defense	Kaiser Aerotech	22	10

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
12608 Cresthaven Drive	Groveland	95321

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tuolumne	9	California	Vita Hapiuk-Wife 12608 Cresthaven Drive Groveland, Ca. 95321

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Sonora Community Hosp	IP	Tuolumne

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1 South Forest Road	Sonora

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiorespiratory arrest	min.
DUE TO	(B) Cardiac Arrhythmia	years
DUE TO	(C) Cardiomyopathy	years

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER _____

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO

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

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Coronary artery disease lung cancer

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: Coronary artery bypass graft-3-90

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
D. M. Anderson	G033960	7-2-1992

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
6/4/90	7/1/1992	Danny Anderson, MD, 04 So. Forest Rd. Sonora, CA

CORONER'S USE ONLY

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

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

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	31. HOUR
		☐ YES ☐ NO		

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(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Burial	Mt. Carmel Cemetery, Big Oak Flat	7-6-1992	John W. Moore	6430

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Terzich and Wilson	F762	David W. Wynne, Dp	JUL - 6 1992

STATE REGISTRAR

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

VS-11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

I CERTIFY THIS TO BE A TRUE COPY OF THE RECORD IN THIS OFFICE
ATTEST: DEC 9 1992
COUNTY OF TUOLUMNE, CALIFORNIA
ASSISTANT REGISTRAR
By _____

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Vita C. Hapiuk the 8th day of Dec. A.D., 19 92 at 2:12 o'clock P.M., and duly recorded in Vol. M92, of Deeds on Page 29066.

Evelyn Biehn, County Clerk
By _____

FEE $10.00

Return: Vita C. Hapiuk
12608 Cresthaven Dr., Groveland, Ca. 95321