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Vol 93 Page 9969

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-91-30-009980

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		2C. SEX	
		LAWRENCE		THEODORE		ANASTASI		SEPTEMBER 12, 1991		0117		M	
DECEDENT PERSONAL DATA		4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. IF UNDER 1 YEAR		9. IF UNDER 24 HOURS	
		White		☐ YES ☒ NO		November 9, 1921		69		MONTHS		DAYS	
		10. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH					
		Lorenzo Anastasi		Italy		Josephine Sciacca		Italy					
		12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME					
		NONE		195-12-4588		Divorced		None					
		16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED			
		Inspector		Aerospace		Rockwell		18		14			
USUAL RESIDENCE		18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE							
		2627 East La Palma #165		Anaheim		92806							
		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					
		UCI MEDICAL CENTER		ER/OP		ORANGE		Lorraine Eastman (Daughter)					
		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY				2163 East Clear Springs Road					
		101 CITY DRIVE SOUTH		ORANGE				Brea, California 92621					
PLACE OF DEATH		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER?		23. WAS EMPOYER PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
		IMMEDIATE CAUSE (A) EXSANGUINATION		☒ YES ☐ NO		☐ YES ☒ NO		☒ YES ☐ NO		☒ YES ☐ NO			
		RUPTURE, THORACIC AORTA AND FRACTURED		MINUTES									
		DUE TO (B) RIBS & SPINE		MINUTES									
		DUE TO (C) BLUNT FORCE TRAUMA, HEAD AND TORSO		MINUTES									
CAUSE OF DEATH		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		NONE							
		NONE											
PHYSICIAN'S CERTIFICATION		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED					
		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS									
CORONER'S USE ONLY		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	
		BRAD GATES		09-12-91		ACCIDENT		STREET		☐ YES ☒ NO		p9-12-91	
		31. HOUR		0054									
		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
		HAFTER, SOUTH OF CHAPMAN, GARDEN GROVE		DRIVER OF AUTO VS. FIXED OBJECT									
FUNERAL DIRECTOR AND LOCAL REGISTRAR		34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		34D. SIGNATURE OF EMBALMER		34E. LICENSE NUMBER		35. REGISTRATION DATE	
		Burial		Riverside National Cemetery		Sep. 17, 1991		[Signature]		7976		Sep. 16, 1991	
		35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		36. SIGNATURE OF LOCAL REGISTRAR		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
		Neels Brea Mortuary		FD 623		[Signature]		[Signature]		Sep. 16, 1991			
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	

VS-11 (REV. 3-91) LS/DMK

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return: Emily Anastasi
4000 S. Redwood Rd. #2157
West Valley City, Utah 84123

1000

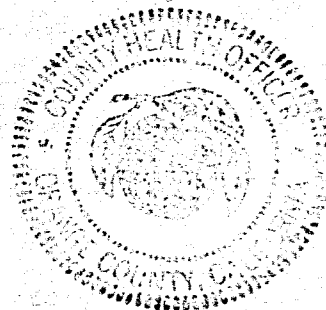
COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH & MED. SERVICES
SANTA ANA, CALIFORNIA

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.

[Signature]

I,
Health Officer and Local Registrar of
Births and Deaths of Orange County

Date **SEP 27 1991**



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Emily Anastasi the 6th day
of May A.D., 19 93 at 9:17 o'clock P M., and duly recorded in Vol. M93
of Deeds on Page 9969

FEE \$10.00

Evelyn Biehn County Clerk

By Doreen M. [Signature]