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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 3-91-30-009980

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
LAWRENCE	THEODORE	ANASTASI

2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
SEPTEMBER 12, 1991	0117	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	November 9, 1921	69				

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
PA	U.S.A.	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)
19 44 TO 19 46 ☐ 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

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
Orange	31	CA

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lorraine Eastman (Daughter)
2163 East Clear Springs Road
Brea, California 92621

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
UCI MEDICAL CENTER	ER/OP	ORANGE

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
101 CITY DRIVE SOUTH	ORANGE

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) EXSANGUINATION	▶ MINUTES
DUE TO	(B) RUPTURE, THORACIC AORTA AND FRACTURED RIBS & SPINE	▶ MINUTES
DUE TO	(C) BLUNT FORCE TRAUMA, HEAD AND TORSO	▶ MINUTES

22. WAS DEATH REPORTED TO CORONER? ☒ YES REFERRAL NUMBER 91-05108-VA ☐ NO

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: NONE

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NONE

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.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
		▶		

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

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: ▶ BRAD GATES SHERIFF-CORONER BY: _____ DEPUTY CORONER

28B. DATE SIGNED: 09-12-91

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 MO. DAY. YEAR	31. HOUR
ACCIDENT	STREET	☐ YES ☒ NO	09-12-91	0054

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
HASTER, 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 MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Burial	Riverside National Cemetery 22495 Van Buren, Riverside CA	Sep. 17, 1991	[signature]	7976

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Neels Brea Mortuary	FD 623	[signature] 2959	Sep. 16, 1991

STATE REGISTRAR

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

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

$10.00

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

This is to certify, in accordance with the seal of the Orange County Health Officer, that this is a true copy of the document record filed in this office.

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

Date SEP 27 1991

COUNTY HEALTH OFFICER
SEAL
COUNTY OF ORANGE

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 Dawn Mitchell