CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

ATC 193772

61602

Vol. M93 Page 11117

'92 MAY 17 PM 3 16

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

393 9006168

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): VICTOR
1B. MIDDLE: - -
1C. LAST (FAMILY): AROKIASAMY
2A. DATE OF DEATH—MO., DAY, YR.: February 8,1993
2B. HOUR: 1207
3. SEX: M
4. RACE: East Indian
5. HISPANIC—SPECIFY: YES ☐ NO ☒
6. DATE OF BIRTH—MO., DAY, YR.: July 5,1922
7. AGE IN YEARS: 70
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: Singapore
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: Mathaleemuthu Arokiasamy
10B. STATE OF BIRTH: India
11A. FULL MAIDEN NAME OF MOTHER: Danam E. Santhanatha
11B. STATE OF BIRTH: India
12. MILITARY SERVICE: 19 ___ TO 19 ___ NONE ☒
13. SOCIAL SECURITY NO.: 558-56-8652
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Jenny Wuysang
16A. USUAL OCCUPATION: Social Worker
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Social Work
16C. USUAL EMPLOYER: L.A. County
16D. YEARS IN OCCUPATION: 9
17. EDUCATION—YEARS COMPLETED: 16

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 42935 N. 15th Street West #23
18B. CITY: Lancaster
18C. ZIP CODE: 93534
18D. COUNTY: Los Angeles
18E. NUMBER OF YEARS IN THIS COUNTY: 30
18F. STATE OR FOREIGN COUNTRY: California
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: David Arokiasamy, Son
42935 N. 15th St. West #23
Lancaster, CA 93534

PLACE OF DEATH

19A. PLACE OF DEATH: A.V. Medical Center
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
19C. COUNTY: Los Angeles
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1600 West Avenue J
19E. CITY: Lancaster

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	MINS
DUE TO (B)	CONGESTIVE HEART FAILURE	6 MNTHS
DUE TO (C)	CORONARY ARTERY DISEASE	2 YEARS

22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER: YES ☐ 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: CEREBROVASCULAR ACCIDENT
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.: Coronary Bypass X3 9/15/1992

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: 10/26/1986
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 2/8/1993
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: M Macculloc
27C. CERTIFIER'S LICENSE NUMBER: A038887
27D. DATE SIGNED: 2-9-1993
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: C. Padmanabhan MD, 44215 15th St. West, Lancaster, 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: 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)

V

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S): Burial
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Lancaster Cemetery District
Lancaster, California
34C. DATE MO., DAY, YR.: 2-11-1993
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): MURPHY MORTUARY, Lancaster, CA
35B. LICENSE NO.: F-1068
35. SIGNATURE OF EMBALMER: Not Embalmed
35B. LICENSE NO.: - -
37. SIGNATURE OF LOCAL REGISTRAR: Robert C. Murphy MD
38. REGISTRATION DATE: FEB 10 1993

STATE REGISTRAR

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

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

11-9-1-0033

VS-11 (REV. 7-92) 4109

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Beatriz Valdez

BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

APR 16 1993
19-417588

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 17th day of May A.D., 19 93 at 3:16 o'clock P.M., and duly recorded in Vol. M93, of Deeds on Page 11117.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $10.00

Return: Aspen Title co.