

10215

12-07-95A09:01 RCVD

Vol. M95 Page 33439

Return: Annie Zasadzinski  
5110 Constitution Road  
San Diego, CA 92117

## CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Macmillian		1B. MIDDLE Anthony		1C. LAST Zasadzinski	
2A. DATE OF DEATH (MONTH, DAY, YEAR) August 6, 1986		1D. SEX Male		1E. RACE/ETHNICITY White	
1F. AGE 78		1G. DATE OF BIRTH September 3, 1907		1H. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
1I. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New York		1J. NAME AND BIRTHPLACE OF FATHER Alex Anthony Zasadzinski - Poland		1K. BIRTH NAME AND BIRTHPLACE OF MOTHER Apolonia Baszka - Poland	
1L. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19		1M. SOCIAL SECURITY NUMBER 129-05-7235		1N. MARITAL STATUS Married	
1O. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Annie Laurie Webster		1P. KIND OF INDUSTRY OR BUSINESS Commercial Floorings		1Q. CITY OR TOWN Encinitas	
1R. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1616 Forestdale Drive		1S. COUNTY San Diego		1T. STATE California	
1U. PLACE OF DEATH At Home		1V. COUNTY San Diego		1W. CITY OR TOWN Encinitas	
1X. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1616 Forestdale Drive		1Y. CITY OR TOWN Encinitas		1Z. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Annie Laurie Zasadzinski - Wife 1616 Forestdale Drive Encinitas, California 92024	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Respiratory Arrest (B) Lung Cancer Left Upper Lobe (C) Lyr		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Congestive Heart Failure, Coronary Artery Disease		24. WAS DEATH REPORTED TO CORONER? YES—uninjured	
25. WASopsy PERFORMED? No		26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ENTER MO. DA. YR.) 07/2/83		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Andre Sanchagrin, M.D. 361 N. Sierra Avenue, Solana Beach, CA		28C. DATE SIGNED Aug 3, 86	
29. SPECIFY ACCIDENT, SUICIDE, ETC. 08/04/86		30. PLACE OF INJURY		31. INJURY AT WORK SOLANA BEACH, CALIFORNIA 92075	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE OF INQUIRY AUG 08 1986	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST-INVIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE Louis L. Nelson		35C. DATE SIGNED AUG 08 1986	
36. DATE—MONTH, DAY, YEAR August 11, 1986		37. NAME AND ADDRESS OF CEMETERY OR CREMATORY Riverside National Cemetery, Riverside, CA		38. EMBALMER'S LICENSE NUMBER AND SIGNATURE 4636	
39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Oceanside Mortuary		40. LICENSE NO. 253		41. LOCAL REGISTRAR—SIGNATURE Ronald L. Ramos, M.D.	
42. DATE ACCEPTED BY LOCAL REGISTRAR AUG 08 1986		43. STATE REGISTRAR—SIGNATURE		44. DATE	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Annie Zasadzinski the 7th day of December A.D., 19 95 at 9:01 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 33439.

Bernetha G. Letsch, County Clerk

By Annelle Mueller

FEE \$10.00

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

FEE PAID: \$5.00

DATED: AUG 08 1986

Annelle L. Ramos, M.D.  
SAN DIEGO DEPARTMENT OF HEALTH SERVICES  
1700 PACIFIC HWY., SAN DIEGO, CA 92101