27842

'96 NOV -5 A10:16 #961620 Vol. M96 Page 34891

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY/NO BRACKETS, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
JOHN	ANTON	WITTMANN

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
11/07/1903	93			M	05/25/1996	1045

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
NY	078-01-3026	19 ___ TO 19 ___ ☐ NONE	MARRIED	8

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUCASIAN	☐ YES ☒ NO	HARTWELL INDUSTRIES

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
PARTS INSPECTOR	MANUFACTORING	30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
3754 ASHWOOD AVE.				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
LOS ANGELES	LOS ANGELES	90066	45	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
JOANNE KERSHNER/DAUGHTER	3754 ASHWOOD AVE., LOS ANGELES, CA 90066

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
ROSE	-	MUZZI	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
JOHN	A.	WITTMANN	AUSTRIA
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
JUSTINA	-	SLOVAK	AUSTRIA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
05/30/1996	HOLY CROSS CEMETERY, 5835 W. SLAUSON AVE., CULVER CITY, CA 90230

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	NOT EMBALMED	-
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE MM/DD/CCYY**
THE ALPHA SOCIETY, INC.	FD-1274	05/30/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
RESIDENCE	☐ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP. ☒ RES. ☐ OTHER	LOS ANGELES
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
3754 ASHWOOD AVE.			LOS ANGELES

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) METASTATIC PROSTATE CARCINOMA	YEARS
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER 96-53627

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
ARTERIOSCLEROSIS HEART DISEASE; DIABETES MELLITUS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.
NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
DECEDENT ATTENDED SINCE MM/DD/CCYY: 09/10/1985
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 04/23/1996

115. SIGNATURE AND TITLE OF CERTIFIER: R. Fisher MD
116. LICENSE NO.: C27201
117. DATE MM/DD/CCYY: 05/28/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: R. FISHER MD 1260 15TH ST., SANTA MONICA, CA 90404

CORONER'S USE ONLY 10

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

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ YES ☐ NO
121. INJURY DATE MM/DD/CCYY:
122. HOUR:
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Aspen Title & Escrow

on this 5th day of November A.D., 19 96
at 10:16 o'clock A.M. and duly recorded
in Vol. M96 of Deeds Page 34891.
Bernetha G. Letsch County Clerk
By Kathleen Rasa Deputy.

Fee, $10.00

THIS IS A TRUE COPY OF THE ORIGINAL FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

MAY 31 1996

109 Director