27842

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JOHN
2. MIDDLE: ANTON
3. LAST (FAMILY): WITTMANN
4. DATE OF BIRTH MM/DD/CCYY: 11/07/1903
5. AGE YRS.: 93 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 05/25/1996
8. HOUR: 1045
9. STATE OF BIRTH: NY
10. SOCIAL SECURITY NO.: 078-01-3026
11. MILITARY SERVICE: 19 ___ TO 19 ___ [ ] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION —YEARS COMPLETED: 8
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: HARTWELL INDUSTRIES
17. OCCUPATION: PARTS INSPECTOR
18. KIND OF BUSINESS: MANUFACTORING
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

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

INFORMANT

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

SPOUSE AND PARENT INFORMATION

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

DISPOSITION(S)

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

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

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [X] RES. [ ] OTHER
104. COUNTY: LOS ANGELES
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 3754 ASHWOOD AVE.
106. CITY: 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: [X] YES [ ] NO — REFERRAL NUMBER: 96-53627
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] 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: [signature] 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 Rose Deputy.

Fee, $10.00

THIS IS A TRUE CERTIFIED COPY [illegible] FILED IN THE COUNTY OF LOS ANGELES [illegible] OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

MAY 31 1996

109 [signature]

Director [illegible]