28654

Vol. M96 Page 36544

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190-010117

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: JAMES | 1B. MIDDLE: | 1C. LAST: CRUZEN
2A. DATE OF DEATH: FEBRUARY 28 1984 | 2B. HOUR: 0005
3. SEX: M | 4. RACE: WHITE | 5. ETHNICITY: C | 6. DATE OF BIRTH: AUGUST 8 1916 | 7. AGE: 67 | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES
8. BIRTHPLACE OF DECEDENT: Ohio | 9. NAME AND BIRTHPLACE OF FATHER: Vernon R. Cruzen, Unk | 10. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unk Tann Unk
11. CITIZEN OF WHAT COUNTRY: USA | 12. SOCIAL SECURITY NUMBER: 268-10-7809 | 13. MARITAL STATUS: Divorced | 14. NAME OF SURVIVING SPOUSE: na
15. USUAL OCCUPATION: Unk | 16. KIND OF BUSINESS/INDUSTRY: Unk | 17. EMPLOYER: Unk | 18. KIND OF INDUSTRY OR BUSINESS: Unk

1 of 2

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS: 14803 SYLVAN STREET | 19B.: | 19C. CITY OR TOWN: VAN NUYS
19D. COUNTY: LOS ANGELES | 19E. STATE: CALIFORNIA | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Valley Hospital Med Ctr - none 14500 Sherman Circle, Van Nuys., CA

PLACE OF DEATH

21A. PLACE OF DEATH: VALLEY HOSPITAL MEDICAL CENTER | 21B. COUNTY: Los Angeles
21C. STREET ADDRESS: 14500 SHERMAN CIRCLE | 21D. CITY OR TOWN: VAN NUYS

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE: (A) Cardio-pulmonary arrest — 5 min
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE: (B) A.S.H.D — years
STATING THE UNDERLYING CAUSE LAST: (C)
APPROXIMATE INTERVAL ONSET TO DEATH:
24. WAS DEATH REPORTED TO CORONER? NO
25. WAS DISEASE PREVIOUSLY? No
26. WAS AUTOPSY PERFORMED? No
27. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO DISEASE CAUSE OF DEATH: C.O.P.D, pneumonia, cachexia, Decubitus
28. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 27? TYPE OF OPERATION: NO | DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED FROM THE CAUSES STATED. | ATTACHED DOCUMENT SINCE (ENTER NO. YES.): 10-3-83 | I LAST SAW DECEDENT ALIVE (ENTER NO. YES.): 2-27-84
28B. PHYSICIAN—SIGNATURE AND ADDRESS OR TITLE: Suman Patel
28C. DATE SIGNED: 3/6/84
28D. PHYSICIAN'S LICENSE NUMBER: A36382
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: 11860 Roscoe #287 Sun Pat el M.D 91402

INJURY INFORMATION

29. ACCIDENT, SUICIDE, ETC.: | 30. PLACE OF INJURY: | 31. INJURY AT WORK: | 32A. DATE OF INJURY—MONTH, DAY, YEAR: | 32B. HOUR:
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): | 34. DESCRIBE HOW INJURY OCCURRED:

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS DISCLOSED BY LAW I HAVE HELD AN INVESTIGATION: | 35B. CORONER—SIGNATURE AND ADDRESS OR TITLE: | 35C. DATE SIGNED:

36. DISPOSITION: pending | 37. DATE—MONTH, DAY, YEAR: | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: not embalmed
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): AC USC Med Ctr Mort, | 41. I AM DECEASED—SIGNATURE: [signature] | 42. DATE ACCEPTED BY LOCAL REGISTRAR: MAR 13 1984

STATE REGISTRAR: A. | B. | C. | D. | E. | F.

VS-11 (10-78) 4140

01-9-1 [illegible]

96 NOV 20 P1:59

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 5 1995

19-280468

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

36545

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

STATE CERTIFICATE NUMBER: 845000

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 0190-010117

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
JAMES		CRUZEN

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY	
MALE	FEBRUARY 28, 1984	VAN NUYS	LOS ANGELES

2 of 2

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
VERNON R. CRUZEN	UNK TANN

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
36	PENDING	CREMATION
37	BLANK	MAY 3, 1984
38	BLANK	COUNTY CREMATORY
		3301 E. FIRST ST. LOS ANGELES, CALIF.

REASON FOR CORRECTION — 9. TO COMPLETE A RECORD

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THIS AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THIS AFFIDAVIT
[signature]	MORTUARY AID	LEGAL

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
MAY 2, 1984	1200 N. STATE STREET LOS ANGELES, CALIF.

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THIS AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THIS AFFIDAVIT
[signature]	SUPV. MORTUARY AID	LEGAL

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
MAY 2, 1984	1200 N. STATE STREET LOS ANGELES, CALIF.

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
MAY 17 1984	OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 1-90) FORM VS-24

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 5 1995

19-281202

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Reed Cruzen
4962 Caballeros Ave. San Luis Obispo, Ca 93401

Filed for record at request of Reed Cruzen the 20th day of November A.D., 19 96 at 1:59 o'clock P. M., and duly recorded in Vol. M96, of Deeds on Page 36544.

FEE $15.00

Bernetha G. Letsch County Clerk
By Kathleen Knox