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THE LEGACY LAWYERS, P.C.

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THE LEGACY LAWYERS, P.C.

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2023-006081

Klamath County, Oregon

07/21/2023 11:34:02 AM

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DOCUMENT TITLE:

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052018241519

CERTIFICATE OF DEATH

3201819053882

1. NAME OF DECEASED - FIRST, MIDDLE, LAST TONY		2. MIDDLE AGUAYO		3. LAST NAME MORENO	
4. A. ALIQUOT (APR. 1992) - (Include LA AKA-THIST. METER, J.B.)		5. DATE OF BIRTH (month/day)		6. AGE (Yrs)	
		12/11/1930		87	
7. BIRTH STATE/PROVINCE/COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]		9. EVER IN U.S. ARMED FORCES ☒ YES ☐ NO ☐ UNK	
10. MARRIAGE STATUS (at time of death) MARRIED		11. DATE OF DEATH (month/day)		12. HOUR OF DEATH (M)	
13. DECEASED'S RACE - (If 2 races may be listed, check both on below) ☒ YES MEXICAN AMERICAN ☐ NO WHITE		14. DECEASED'S SEX - (If 2 sexes may be listed, check both on below) ☒ YES M ☐ NO F		15. DECEASED'S BUILD - (If 2 builds may be listed, check both on below) ☒ YES 1 ☐ NO 2	
16. USUAL OCCUPATION - (If 2 occupations may be listed, check both on below) DO NOT USE RETIRED CONTRACTOR		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) CONSTRUCTION		18. YEARS IN OCCUPATION 40	
19. DECEASED'S RESIDENCE (home, and number, or location) 3756 SADDLEBACK DR					
20. CITY PALMDALE		21. COUNTY/PROVINCE LOS ANGELES		22. ZIP CODE 93550	
23. STATE/PROVINCE/COUNTRY CA		24. YEARS IN COUNTY 87			
25. INFORMANT'S NAME, RELATIONSHIP DIANNA B MORENO, AHC		26. INFORMANT'S MAILING ADDRESS (street and number or rural route number, city or town, state and zip) 3756 SADDLEBACK DR, PALMDALE, CA 93550			
27. NAME OF SURVIVING SPOUSE (first, middle, last) GLORIA		28. MIDDLE DORA		29. LAST NAME RANGEL	
30. NAME OF FATHER (first, middle, last) JOSE		31. MIDDLE JOSE		32. LAST NAME MORENO	
33. NAME OF MOTHER (first, middle, last) GREGORIA		34. MIDDLE GREGORIA		35. LAST NAME AGUAYO	
36. DATE OF DEATH (month/day) 12/11/2018		37. PLACE OF DEATH (street and number or rural route number, city or town, state and zip) 3888 WORKMAN MLL RD, WHITTIER, CA 90601			
38. TYPE OF DEATH (e.g., natural, homicide, suicide, etc.) BU		39. SIGNATURE OF DECEASED GARY OJEDA		40. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
41. NAME OF FUNERAL HOME ROSE HILLS MORTUARY		42. LICENSE NUMBER FD970		43. DATE 12/03/2018	
44. PLACE OF DEATH RESIDENCE		45. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ HOME ☐ NURSING HOME ☐ OTHER		46. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ HOME ☐ NURSING HOME ☒ OTHER	
47. COUNTY LOS ANGELES		48. FACILITY ADDRESS OR LOCATION (street and number or rural route number, city or town, state and zip) 3756 SADDLEBACK DR		49. CITY PALMDALE	
50. CAUSE OF DEATH CONGESTIVE HEART FAILURE		51. CORONARY ARTERY DISEASE YES		52. CLINICAL HISTORY TO UNDERSTAND ☐ YES ☒ NO	
53. HYPERTENSION YES		54. AUTOPSY PERFORMED ☐ YES ☒ NO		55. AUTOPSY PERFORMED ☐ YES ☒ NO	
56. OTHER CAUSE OF DEATH DIABETES MELLITUS TYPE II, VASCULAR DEMENTIA		57. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ HOME ☐ NURSING HOME ☒ OTHER		58. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ HOME ☐ NURSING HOME ☒ OTHER	
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