

93017204

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-89-30-014201

Ret. to M J Waskelo
913 Wentworth
Calumet City, IL
60409

STATE FILE NUMBER 1A. NAME OF DECEDENT—FIRST (GIVEN) Marjorie			1B. MIDDLE A.		1C. LAST (FAMILY) Waskelo		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR Dec. 25, 1989 0900		3. SEX Female			
4. RACE Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. Jul, 3, 1926		7. AGE IN YEARS 63		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		
8. STATE OF BIRTH IL	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Axel Lidman			10B. STATE OF BIRTH IL	11A. FULL MAIDEN NAME OF MOTHER Alberta Schmitt			11B. STATE OF BIRTH WI			
12. MILITARY SERVICE		13. SOCIAL SECURITY NO. 349-18-6552		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Matthew J. Waskelo						
16A. USUAL OCCUPATION Secretary		16B. USUAL KIND OF BUSINESS OR INDUSTRY Banking		16C. USUAL EMPLOYER Continental Bank		16D. YEARS IN OCCUPATION 17		16E. EDUCATION—YEARS COMPLETED 16		16F. CITY Calumet City	16G. ZIP CODE 60409	
17A. RESIDENCE—STREET AND NUMBER OR LOCATION 913 Wentworth Ave. Cook						17B. NUMBER OF YEARS 63		17C. STATE OR FOREIGN COUNTRY IL		17D. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Matthew J. Waskelo/Husband 913 Wentworth Ave. Calumet City, IL 60409		
18A. PLACE OF DEATH Residence			18B. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1719 Little Big Horn			18C. CITY Placentia			22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 89-06770-KM			
21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (IA) Metastatic Cancer		DUE TO (IB) Adenocarcinoma of Rectum and Colon		DUE TO (IC)		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 N/A						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No						
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 12/18/89			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 12/12/89			27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Edward T. Campagna, M.D., 1041 E. Yorba Linda Blvd, Placentia, CA		27C. PHYSICIAN'S LICENSE NUMBER G-28655	27D. DATE SIGNED 12/27/89
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER						28B. DATE SIGNED			
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY			30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
34A. DISPOSITION(S) CR/TR/Res.			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Matthew J. Waskelo/Husband 913 Wentworth Ave, Calumet City, IL			34C. DATE MO. DAY, YEAR Dec. 29, 1989		35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER ---		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Saddleback Chapel			36B. LICENSE NO. 1099		37. SIGNATURE OF LOCAL REGISTRAR A. Best			38. REGISTRATION DATE DEC 28 1989				
A.	B.	C.	D.	E.	F.	CENSUS TRACT 00346						

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STOP

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MAR 11 1990

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: \$7.00 No Fee Veterans Purpose

DATE: JAN 05 1990

143553

Health Offices and Local Registrar of Births and Deaths of Orange County

MS-274 89
Wentworth Point, Indiana

Waskelo & Waskelo, Dr. & Waskelo, Dr.
L. K. Waskelo, Dr.
8-27-89