

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
HOOVER	TON	WONG	APRIL 8, 1988		2229
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS
MALE	ASIAN/CHINESE	NO	JULY 7, 1929	58 YEARS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
CALIFORNIA	MEE YIM WONG - CALIFORNIA			SHEE LEW CHINA	
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
USA	19 NA TO 19 NA	1328	MARRIED	VIRGINIA SOO	
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS		
ENGINEER	35	LOCKHEED	AIRCRAFT		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
1615 SUNNY HEIGHTS DRIVE				LOS ANGELES	
19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
LOS ANGELES	CALIFORNIA	VIRGINIA WONG WIFE			
21A. PLACE OF DEATH	21B. COUNTY	1615 SUNNY HEIGHTS DRIVE			
GLENDALE ADVENTIST MEDICAL CNTR.	LOS ANGELES	LOS ANGELES, CALIFORNIA 90065			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN				
1509 WILSON TERRACE	GLENDALE				
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	NO
	(B)				NO
	(C)				NO
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	NONE			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE	
				NONE	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER		
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)				
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS				
29. SPECIFY 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 (EVENTS WHICH RESULTED IN INJURY)				
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INVESTIGATION	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED			
	<i>Gregory J. Starkey</i>	4-11-88	DEPUTY CORONER		
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
BURIAL	4/16/1988	FOREST LAWN MEMORIAL PARK 1712 S. GLENDALE AVE. GLENDALE, CA 91205	5641 John W. Riley		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR		
FOREST LAWN GLENDALE	656	<i>Robert [Signature]</i>	APR 12 1988		
STATE REGISTRAR	A.	B.	C.	D.	E.

REGISTERED BY
Beziere Law Offices
IN CHARGE OF RECORDS OF
DEATHS

'88 MAY -9 P2:53

SUZANNE BEAUSREAU
RECORDER
Loopy DEPUTY

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

APR 12 1988

26 *Robert [Signature]*
Director of Health Services and Registrar

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