

1. PLACE OF DEATH: DIST. NO. 3901STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

35-030998

## STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR NO. 212COUNTY OF San Joaquin  
CITY, TOWN OR  
RURAL DISTRICT OF StocktonSTREET AND NO. 111 Joseph Home2. FULL NAME Luke F. Olavinich

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION GIVE THE NAME INSTEAD OF STREET AND NO.

RESIDENCE No. JacksonIF HOME RESIDENT GIVE  
CITY OR TOWN AND STATE3. SEX male 4. COLOR OR HAIR white 5. SINGLE, MARRIED, WIDOWED OR  
DIVORCED (WRITE THE WORD)22. DATE OF DEATH May 22, 1975

23. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE

23. MEDICAL CERTIFICATE OF DEATH

24. CORONER'S CERTIFICATE OF DEATH

6. DATE OF BIRTH January 17, 1934I HEREBY CERTIFY THAT PATIENT  
DECEASED FROMI HEREBY CERTIFY THAT I AM A MEMBER  
OF THE BOARD DESCRIBED ABOVE, HOLD7. AGE 41 YR 4 MO 5 DAYS ONE DAY

TO

ON

8. TRADE, PROFESSION OR KIND OF WORK DONE  
AS SPINNER, LAWYER, BOOKBINDER, ETC. LABORER

THAT LAST ON

ON

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS  
DONE AS BIRKILL, BARNWELL, BARR, ETC.

AND THAT YEAR OF OCCURRENCE ON THE

THAT SAID DECEASED CAME TO A

10. DATE DECEASED LAST MARRIED AT  
THIS PLACETIME AND AGE

ADDS NUMBER AT THE HOUR OF

DEATH ON THE DATE STATED ABOVE.

11. TOTAL YEARS SPENT  
IN THIS OCCUPATION

ON

INSTEAD, REPORT ON DEATH

12. BIRTHPLACE (CITY OR TOWN)

ON

THAT SAID DECEASED CAME TO A

STATE OR COUNTRY California

AND THAT YEAR OF OCCURRENCE ON THE

DEATH ON THE DATE STATED ABOVE.

13. NAME John Olavinich

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

14. BIRTHPLACE (CITY OR TOWN)

ON

THAT SAID DECEASED CAME TO A

STATE OR COUNTRY Austria

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

15. MAIDEN NAME Lena Williams

ON

THAT SAID DECEASED CAME TO A

16. BIRTHPLACE (CITY OR TOWN)

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

STATE OR COUNTRY California

ON

THAT SAID DECEASED CAME TO A

A. CITY, TOWN OR RURAL  
DISTRICT OF DEATH

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

B. IN CALIFORNIA

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

C. IN U.S. IF OF  
FOREIGN BIRTH

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

18. INFORMANT (SIGNATURE) Lena Olavinich

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

ADDRESS Jackson, Calif.

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

19. BURIAL, CREMATION OR REMOVAL Removal

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

PLACE Jackson, Calif. DATE THE BODY  
WAS REMOVED 5/23/75

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

20. EMBALMER (LICENSE NO. 048)

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

SIGNATURE L. Olavinich

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

FUNERAL DIRECTOR DeYoung & Conklin

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

ADDRESS Stockton, Calif.

ADDS NUMBER AT THE HOUR OF

INSTEAD, REPORT ON DEATH

21. FILED 5/23/75

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ADDS NUMBER AT THE HOUR OF

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23. MEDICAL CERTIFICATE OF DEATH

ADDS NUMBER AT THE HOUR OF

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