19524 — STATE FILE NUMBER

CERTIFICATE OF DEATH

Vol. M 76 Page 15186

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3600 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Wilfred	John	Fitzer	July 5, 1976	2:49 P M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	Minnesota	December 10, 1917	58 YEARS		

8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
Carl F. Fitzer	Minnesota	March Eckes	Minnesota

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	476-10-1555	Married	Muriel Benson

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Mechanic	19	Hughes Aircraft	Aircraft Manufacture

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Redlands Community Hospital	350 Terracina Boulevard	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Redlands	San Bernardino	2 hrs X YEARS	19 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
1025 South Second Street	No	Mrs. Muriel J. Fitzer 1025 South Second Street Calimesa, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Calimesa	Riverside	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (INVESTIGATION BY INQUEST?)	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND LAST SAW THE DECEASED (ENTER MONTH, DAY, YEAR)	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
	7-5-76	7-5-76	7-5-76	Louis E. Mahoney M.D.	7/6/76

21e. ADDRESS	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
229 Cajon Redlands, California	C19492

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT, OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Removal & Burial	7/9/76	New Hope, Minnesota Gethsemane Cemetery	F L Mack 3400

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Emmerson-Bartlett Redlands	Yes	L E Mahoney M.D.	7-7-76

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Brain stem damage	1½ hr
DUE TO, OR AS A CONSEQUENCE OF (B)	Myocardial infarction	2 hrs
DUE TO, OR AS A CONSEQUENCE OF (C)		

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION ON BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
no	no	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19.	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

12/1F-7-9

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

VS 11 (9/73)

'76 SEP 28 AM 10 35

* * * * * * * * * * * * * * * * * * * This must be in red to be a "CERTIFIED COPY" * * * * * * * * * * * * * * * * * * *

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

Louis E. Mahoney M.D.
LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH · REGISTRAR OF VITAL STATISTICS · COUNTY OF SAN BERNARDINO

Rec
Muriel J. Fitzer
1025 So Second St
Calimesa, Calif 92320

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28 day of Sept A.D., 19 76 at 10:35 o'clock a M., and duly recorded in Vol M 76, of deeds on Page 15186.

FEE 3.00

WM. D. MILNE, County Clerk

By Linda Biba Deputy