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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

Vol. M79 Page 19046

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: CARMEN
1b. MIDDLE NAME: HERNANDEZ
1c. LAST NAME: BRIONES
2a. DATE OF DEATH—MONTH DAY YEAR: Aug. 31, 1974
2b. HOUR: 11:00P.M.
3. SEX: Female
4. COLOR OR RACE: Cauc.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
6. DATE OF BIRTH: Dec. 31, 1931
7. AGE—LAST BIRTHDAY: 42 YEARS
IF UNDER 1 YEAR—MONTHS / DAYS
IF UNDER 24 HOURS—HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Francisco Hernandez : Mexico
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Theresa Araiza : Mexico
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: None
12. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ynocencio Briones
14. LAST OCCUPATION: Homemaker
15. NUMBER OF YEARS IN THIS OCCUPATION: Adult Life
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Own Home
17. KIND OF INDUSTRY OR BUSINESS: Domestic

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Palo Verde Hospital
18b. CITY OR TOWN: Blythe
18d. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 250 No. First Street
18e. COUNTY: Riverside
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2212 Applegate
19c. CITY OR TOWN: Klamath Falls
19d. COUNTY: Klamath
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19e. STATE: Oregon
18f. LENGTH OF STAY IN COUNTY OF DEATH: Transient
18g. LENGTH OF STAY IN CALIFORNIA: Transient
20. NAME AND MAILING ADDRESS OF INFORMANT: Mr. Yncencio Briones
2212 Applegate
Klamath Falls, Oregon

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 OR MAY HAVE HELD AN INVESTIGATION (INVESTIGATION OR INQUEST) OF THE REMAINS OF DECEASED AS REQUIRED BY LAW: Investigation
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 HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OF TITLE: JAMES S. BIRD, JR., CORONER
RIVERSIDE CALIFORNIA
21. DATE SIGNED: 1 Sept 74
21d. PHYSICIAN'S CALIFORNIA LICENSE NO. OR OSTEOPATH: — — —

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 9-6-74
23. NAME OF CEMETERY OR CREMATORY: Eternal Hills Cemetery
Klamath Falls, Oregon
24. EMBALMER—SIGNATURE (IF BODY EMBALMED): D. J. Miller
LICENSE NUMBER: 5000
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): FRYE CHAPEL, Blythe, Ca.
26. IF NOT CERTIFIED BY CORONER, WAS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): —
27. LOCAL REGISTRAR—SIGNATURE:
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR

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
IMMEDIATE CAUSE (A): Adverse reaction to heat
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO OR AS A CONSEQUENCE OF (B):
DUE TO OR AS A CONSEQUENCE OF (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Asperation of stomach contents

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: Accident
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC., FREEWAY, HIGHWAY, STREET): Highway
35. INJURY AT WORK (SPECIFY YES OR NO): No
31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No
32a. AUTOPSY (SPECIFY YES OR NO): No
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
36a. DATE OF INJURY—MONTH, DAY, YEAR: 8-31-74
36b. HOUR: Unknown
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): Highway, Interstate 10, in Arizona
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO): No
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO): No
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29): Became overheated while traveling through desert.

STATE REGISTRAR

A | B | C | D | E | F

Return
Isidro H. Briones
2257 Darrow Ave
K.F. Or.

STATE OF OREGON, COUNTY OF KLAMATH, ss.

Filed for record at request of _____

this 9th day of August A. D. 1979 at 3:20 o'clock P. M., and

duly recorded in Vol. M79, of Deeds on Page 19046

Wm D. MILNE, County Clerk

By Bernetha Whitlock

Fee $3.50