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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M80 Page 1752
3600

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
HELEN	LEONA	INGOLD	DECEMBER 16, 1979	2030

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
FEMALE	WHITE		APRIL 2, 1918	61 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
COLORADO	WALTER W. MINNER – MISSOURI	ANNA LOU RAY – COLORADO

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	571-20-9615	MARRIED	RAYMOND K. INGOLD

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
HOMEMAKER	ADULT LIFE	SELF	HOME

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
9638 BLANCHARD	0320	FONTANA

19D. COUNTY	19E. STATE
SAN BERNARDINO	CALIF.

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
RAYMOND K. INGOLD, SPOUSE
SAME AS 19A

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
KAISER FOUNDATION HOSPITAL	SAN BERNARDINO

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
9961 SIERRA AVENUE	FONTANA

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C.)

IMMEDIATE CAUSE
(A) Cardiopulmonary arrest — Minutes
DUE TO, OR AS A CONSEQUENCE OF
(B) Metastatic Endometrial Carcinoma — 4yrs.
DUE TO, OR AS A CONSEQUENCE OF
(C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? YES
26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: TAH + BSO; DATE: 1975

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
12-12-79	12-16-79	Seldon E. Greer, Jr. M.D.	12-17-79	G 34803

28E. TYPE PHYSICIAN'S NAME AND ADDRESS
SELDON E. GREER, M.D. 9961 SIERRA AVE., FONTANA, CALIF.

INJURY INFORMATION

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)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
BURIAL	12-19-79	GREEN ACRES MEM. PARK-BLOOMINGTON, CA.	3480 Keith Schwartz

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
INGOLD CHAPEL-FONTANA, CA.	L.E. Mahoney M.D. MR	12-18-79

STATE REGISTRAR

A. 6t2F-12-21	B.	C.	D.	E.	F. 1820

VS-11 (10-78)

* 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 MD

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

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

KCTC

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of January A.D., 1980 at 3:56 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 1752.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha M. Leech Deputy