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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

02284

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		DORA		LeORA		BUNN		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR MONTHS DAYS	
Female		White		American		September 22, 1894		84 YEARS		1505	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
Indiana		Norman N. Blough Pennsylvania		Amanda E. Yoder Ohio		U.S.A.		548-12-7545		Widowed	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Homemaker		Life		Self		Own Home		Rialto		Marvis Hamblin Daughter	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. STATE		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
405 Mariposa Ave.		San Bernardino		California		Crestview Conv. Hospital		San Bernardino		1471 S. Riverside Ave	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		(A) ACUTE M. I.		(B) ASHD		(C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE		CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.								Yes	
										25. WAS BIOPSY PERFORMED?	
										No	
										26. WAS AUTOPSY PERFORMED?	
										No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		TYPE OF OPERATION		DATE		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	
no										28D. PHYSICIAN'S LICENSE NUMBER	
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 (INQUEST-INVIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Investigation				B111 H111 Coroner By: <i>M.D. Button</i>		5-1-79		not Embalmed			
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40. LOCAL REGISTRAR—SIGNATURE		41. DATE ACCEPTED BY LOCAL REGISTRAR		42. STATE REGISTRAR	
5-1-79		Montecito Memorial Park, Colton, Calif		Wens Valley Mortuary		L.E. Mahoney M.D. <i>Jo</i>		5-1-79		4100	

VS-11 (5-79)

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



STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

12th day of October A.D., 1981 at 9:14 o'clock A.M., and duly recorded in

Vol M-81 of Deeds on page 17910.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By *Evelyn Biehn* Deputy

Return to
P.O. Box 1012
Lone Pine, Ca 93545
JC 4-10