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MTC 1396

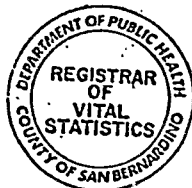
CERTIFICATE OF DEATH
STATE OF CALIFORNIAVol. 3600
M83 Page 14998

1A. NAME OF DECEDENT—FIRST Rosalie		1B. MIDDLE M.		1C. LAST Hoback		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH (MONTH, DAY, YEAR) May 20, 1982		2B. HOUR 1815	
3. SEX Female		4. RACE Caucasian		5. ETHNICITY American		6. DATE OF BIRTH February 3, 1913		7. AGE 69	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Missouri		9. NAME AND BIRTHPLACE OF FATHER Bernard Enloe Missouri		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Calpernia Miller Missouri		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 545-14-4320	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Jess "Les" Hoback		15. PRIMARY OCCUPATION Teacher		16. NUMBER OF YEARS THIS OCCUPATION 34		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Klamath County Schools	
18. KIND OF INDUSTRY OR BUSINESS Education		19. CITY OR TOWN Yucaipa		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 34878 County Line Road		19B. COUNTY 0870		19C. CITY OR TOWN Yucaipa	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Jess "Les" Hoback Husband		21. PLACE OF DEATH St. Bernardine Hospital		22. DEATH WAS CAUSED BY: Malignant Lymphoma, mixed histiocytic lymphocytic type, diffuse.		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH REPORTED TO CORONER? No	
25. WAS BIOPSY PERFORMED? Yes		26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? None		28. DATE SIGNED 5-21-82		28D. PHYSICIAN'S LICENSE NUMBER G-6458	
29. SPECIFY ACCIDENT, SUICIDE, ETC. None		30. PLACE OF INJURY Boyd A. Nies, M.D. 399 E. Highland Ave., San Bernardino, CA		31. INJURY AT WORK None		32A. DATE OF INJURY—MONTH, DAY, YEAR 5-21-82		32B. HOUR 9 mos.	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 2101 North Waterman Avenue		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) None		35. CORONER—SIGNATURE AND DEGREE OR TITLE Boyd A. Nies, M.D. 399 E. Highland Ave., San Bernardino, CA		36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR May 24, 1982	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Desert Lawn Park, Calimesa, California		39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE 5002 Griffith		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Emmerson Bartlett Calimesa 1124		41. LOCAL REGISTRAR—SIGNATURE L. E. Mahoney M.D. / my		42. DATE ACCEPTED BY LOCAL REGISTRAR May 24, 1982	
43. STATE REGISTRAR A. 6-5-26		44. B. 3		45. C. 3		46. D. 3		47. E. 3	
48. F. 3		49. G. 3		50. H. 3		51. I. 3		52. J. 3	

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., 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 2nd day of September A.D., 1983 at 11:33 o'clock A M,
and duly recorded in Vol. M83, of Deeds on page 14998

Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK

by Bernice A. Litch Deputy