4598	STATE FILE NUMBER		IFICATI	OF DEA	ГН	Vol. [1189 3600	Page	240
	IA- NAME OF DECEDENT-F	est 18, Middle	INC.	ALIFORNIA LAST	energyaki (1981) <mark></mark> Kaniburt ana k	OCAL REGISTRATION	STRICT AND CERTIFIC	ATE NUMBER
	Blizabeth 3. SEX 4. RACE/ETHNICITY [5. SPANI		Phelps			December		
DECEDENT	Female White	Tuly 27 1007			Pecember 18 1984 1330 7. AGE IF UNDER 1 YEAR IF UNDER 24 HOUR MONTHS DAYS HOURS MINUTES			
PERISONAL DATA	Wisconsin	EIGN COUNTRY]			.057	87 YEARS	IND BIRTHPLACE OF MC)THER
	11. CITIZEN OF WHAT COUNTRY 12. SOCIAL SECURITY		THE STATUS			Lina Moelter-Germany 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER		
	U.S.A.	567-26-5131	Widowed 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)					
	Secretary	THIS OCCUPATION					'AY OR BUSINESS	
USUAL	19A USUAL RESIDENCE—STREET	COORESS (STREET AND NUMBER	OR COCKTICNI	19B.	$\frac{ax}{ax}$	19C, CITY OR TOW	l'axes	
RESIDENCE	THU COUNTY		72	100	20. NAME AN	Rialto	IFORMANT—RELATION	
	San Bernardino	,	Calif	ornia	Donal	d Phelps	-Son	KY
PLACE	Residence		San B	rnardino	TT66	S. Rivers	ide Ave.	Sp. 7
DEATH	21C. STREET ACORESS ISTREET	NO NUMBER OR LOCATIONS	21D, CITY C	R TOWN	Rialt	o, CA S	2376	
	21 DEATH WAS CAUSED BY:	AVESp. 72	Rialto	E FOR A. B. AND C				
CAUSE	CONSTIONS IF ANY	Samarum		ur	4 7	WHE APPRO		PORTEO.
OF DEATH	THE IMMEDIATE CAUSE (E)	Atlance			7	INTERV.	L 25. WAS BIOPSY P	ERFORMED?
	STATING THE LINCEN- LYING CAUSE LAST.	OR AS A CONSEQUENCE OF			4 //	ONSE AND	No	PERFORMENT
ŀ	23. OTHER SIGNIFICANT CONSTITUNE	CONTRIBUTING TO DEATH 8	elus	ur	■	DEATH	NO	
	" chemic for	min Land.	Three	ED TO CAUSE GIVEN	27. WAS OPERA 237 TYPE OF OF	TION PERFORMED FOR	ANY CONDITION IN ITE	MS 22 OR
MIT 51-	28A I CERTAY THAT DEATH OF HOUR CATE AND PLACE STATED F	CURRED AT THE 1258	PHYSICIAN-	-SIGNATURE AND DEGI	REE OR TITLE	28C. DATE SIGNED I	28D. PHYSICIAN'S LICE	NSE NUMBER
ERTIFICA-	ATTENDED DECEDENT SINCE 1 LAST	SAW DECEDENT ALIVE	L TYPE PHYSIC	IAN'S NAME AND	NOORESS	719104	14-12-6	46
	1/26/FX 100	2/5/IE//		 Exploration of the control of the cont	44. 4 7. 7 4. 14. 1	Barton	ldLoma I	
LURY				31. JUJURY	T WORK 32A.	OM-YRULIN TO TAK	TH. DAY, YEAR 1 32B. H	ulnda our
TION	33. LOCATION (STREET AND NUMBER	OR LOCATION AND CITY ON TOW	N 34	- DESCRIBE HOW IN	JURY OCCURRE	O (EVENTS WHICH RE	SULTED IN INJURY	
POMER'S USE	35A. I CENTRY THAT DEATH OCCUR. THE CAUSES STATED, AS REQUIRED I	RED AT THE HOUR DAVE	<u></u>					
ONLY DISPOSITION	· · · · · · · · · · · · · · · · · · ·	WATE HELD AN UNCL	JE ST-INVESTIGAT	ION)	NER—SIGNATURI	AND DEGREE OR TITL	35C. p.	ATE SIGNED
ematic	n 12/26/1094					39. EMBALMER'S	LICENSE NUMBER AND SIG	NATURE
r where or wa	NERAL DIRECTOR SOR PERSON ACTING A		emeter Chese	y-San Die	go, CA	6526-42	nthon, 6	Konz
EEVIVOOD	Mortuary 8	F-843	100	1	T WE LYSON	ld	DEC 26/1984	lo
HISTRAR			es seguine.	D.		Tagarana .	F. ////5	
(7-93)							87604-449 8-83 400M	
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	and the second second							
	OF A CERTIFICA	TE ON FILE IN T	THE SAN	BERNARDINO	COUNTY			
	HEALTH DEPARTM	ENT, IF THE WOR	RIDS CERT	IFIED COPY	ARE IN			
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	RED.		/	3then Store	\sum_{i}			
	Yearal? F	Ettersin	C /	REGISTRAR	<u>[</u>]			
			- 1	VITAL STATISTICS	(g)			
	GEORGE R, PETT	ERSEN, M.D., M. BLIC HEALTH	P.H. \	TI SURGE	7			
	DIRECTOR OF PU	BLIC HEALTH		SANBER				
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