61539 '86 MAY 20 AM 10 | CERTIFICATE OF DEATH | Vol. M86 Page 8620

STATE OF CALIFORNIA

STATE FILE NUMBER 33 001886

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: RUBY | 1B. MIDDLE: HAZEL | 1C. LAST: HAMMERSMITH

2A. DATE OF DEATH (MONTH, DAY, YEAR): March 29, 1986 | 2B. HOUR: 0917

3. SEX: female | 4. RACE/ETHNICITY: White | 5. SPANISH/HISPANIC: NO (X) | 6. DATE OF BIRTH: July 24, 1912

7. AGE: 73 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Mississippi | 9. NAME AND BIRTHPLACE OF FATHER: Walter Williamson-Mississippi

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Annie Cameron-Mississippi

11A. CITIZEN OF WHAT COUNTRY: U.S.A. | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 ___ TO 19 ___ | 12. SOCIAL SECURITY NUMBER: 468-16-1534 | 13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Ralph George Hammersmith

15. PRIMARY OCCUPATION: Housewife | 16. NUMBER OF YEARS THIS OCCUPATION: 50+ | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self Employed | 18. KIND OF INDUSTRY OR BUSINESS: Homemaking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 22695 Via Santana | 19B. 92204 | 19C. CITY OR TOWN: Nuevo

19D. COUNTY: Riverside | 19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Christian Hospital Medical Center | 21B. COUNTY: Riverside

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2224 Ruby Drive | 21D. CITY OR TOWN: Perris

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mr. Ralph G. Hammersmith-Husband, 22695 Via Santana, Nuevo, California 92367

1 OF 2

CAUSE OF DEATH

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

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

(A) Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF

(B) Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

24. WAS DEATH REPORTED TO CORONER? Yes 57979

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

PHYSICIAN'S CERTIFICATION

20A. 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.)

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No | DATE

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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 OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) Investigation | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE: William J. Dykes, Coroner By: Kirk Bergen, Deputy | 35C. DATE SIGNED: 3-31-86

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: 4/2/1986 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Evergreen Crematory - Riverside, CA | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Neptune Society - Riverside, CA | 40B. LICENSE NO.: 1307 | 41. LOCAL REGISTRAR—SIGNATURE | 42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 02 1986

STATE REGISTRAR A. | B. | C. | D. | E. | F.

VS-11 (1-85)

* * * * * * * * * * * * * * * * * * This must be in red to be a * * * * * * * * * * * * * * * * *
"CERTIFIED COPY"

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

Date Of Amendments, if any APR 15 1986 APR 15 1986

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Callaghey M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH * REGISTRAR OF VITAL STATISTICS * COUNTY OF RIVERSIDE, CAL.

DOH-VS-004 (REV 8/85)

STATE CERTIFICATE NUMBER

AFFIDAVIT TO AMEND A RECORD

8621

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

33 001886
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1A. FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME
Ruby	Hazel	Hammersmith

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Female	MArch 29, 1986	Perris Riverside

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Walter Williamson	Annie Cameron

PART II STATEMENT OF CORRECTIONS

2 OF 2

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
12	468-16-1534	571-07-1820

REASON FOR CORRECTION

9. Wrong information given at time of death.

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
► Brenda Maloney	Counselor	Over 21

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
4/15/1986	4922 Arlington Avenue Riverside, California 92504

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
► Scott Adams	Counselor	Over 21

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
4/15/1986	4922 Arlington Avenue Riverside, California 92504

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
APR 15 1986	► [signature]

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-85) FORM VS-24

* * * * * * * * * * * * * * * * * * This must be in red to be a * * * * * * * * * * * * * * * * * *
"CERTIFIED COPY"

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

Date Of Amendments, if any APR 15 1986 APR 15 1986

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

[signature]

Edward J. Callagher, M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH ★ REGISTRAR OF VITAL STATISTICS ★ COUNTY OF RIVERSIDE, CAL.

DOH-VS-004(REV 8/85)

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of _____
of May A.D., 19 86 at 10:15 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 8620 the 20th day

FEE $9.00

Evelyn Biehn, County Clerk
By [signature]

Return: Ralph Hammersmith 22695 Via Santana, Nuevo, Calif. 92367