

86874

MT-19544  
**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA

VET-1988 Page 6856  
 3500

STATE FILE NUMBER 86874		1A. NAME OF DECEDENT—FIRST VIRGINIA		1B. MIDDLE E.	1C. LAST BOSWORTH	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER January 21, 1988		2B. HOUR 6:31
3. SEX Female		4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO	6. DATE OF BIRTH June 17, 1921		7. AGE 66	IF UNDER 1 YEAR MONTHS DAYS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Ohio		9. NAME AND BIRTHPLACE OF FATHER H.O. McCoy-Un/A				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Nettie Un/A-Un/A		
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 269-20-0558		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Elbert H. Bosworth
15. PRIMARY OCCUPATION Homemaker		16. NUMBER OF YEARS THIS OCCUPATION A/L		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self		18. KIND OF INDUSTRY OR BUSINESS At Home		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 839 West 21st Street		19B. COUNTY San Bernardino		19C. CITY OR TOWN San Bernardino		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Elbert H. Bosworth-Husband 839 W. 21st Street San Bernardino, CA		
21A. PLACE OF DEATH Home		21B. COUNTY San Bernardino		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 839 W. 21st Street		21D. CITY OR TOWN San Bernardino		
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(A) Coronary Atherosclerosis		(B) Due to, or as a consequence of		(C) Due to, or as a consequence of		
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Cardiac Hypertrophy		24. WAS DEATH REPORTED TO CORNER? 88-1-330 RK		25. WAS BIOPSY PERFORMED? No		26. WAS AUTOPSY PERFORMED? Yes		
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO		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.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Brian McCormick, Coroner		28C. DATE SIGNED 1-22-88		28D. PHYSICIAN'S LICENSE NUMBER
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-INVESTIGATION) Investigation		35B. CORONER—SIGNATURE AND DEGREE OR TITLE Brian McCormick, Coroner		35C. DATE SIGNED 1-22-88
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Jan. 25, 1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Mt. View Cemetery, San Bernardino, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed		40. DATE ACCEPTED BY LOCAL REGISTRAR JAN 22 1988
41. LOCAL REGISTRAR'S SIGNATURE George R. Pettersen M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR JAN 22 1988		43. STATE REGISTRAR A2-1-25		44. LICENSE NO. 894		45. STATE REGISTRAR VS-11(11-85)

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

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY

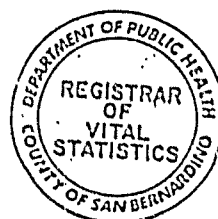
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY

HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN

RED,

George R. Pettersen M.D.

GEORGE R. PETTERSEN, M.D., M.P.H.  
 DIRECTOR OF PUBLIC HEALTH



RETURN:

UMPQUA TITLE & ESCROW  
 P. O. BOX 1609  
 ROSEBURG, OR 97570  
 ATTN: GLENDA SIBBALD

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co  
 of April A.D. 19 88 at 3:44 o'clock p M., and duly recorded in Vol. M88  
 of Deeds on Page 6856

FEE  
 \$ 5.00

Evelyn Biehn County Clerk  
 By Bernette A. Letch