

Return: Sharon B. DuPuis, 8414 Sierra Ave., Fontana, Ca. 92335

CERTIFICATE OF DEATH

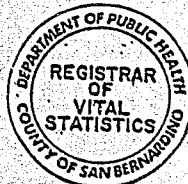
3600

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Wesley		1B. MIDDLE Richard		1C. LAST Tilton	
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO	
6. DATE OF BIRTH January 26, 1917		7. AGE 70		8. DATE OF DEATH (MONTH, DAY, YEAR) May 10, 1987	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New York		10. NAME AND BIRTHPLACE OF FATHER Curtis J. Tilton - Connecticut		11. BIRTH NAME AND BIRTHPLACE OF MOTHER Anna Buchholz - New York	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19		14. SOCIAL SECURITY NUMBER 074-09-6663	
15. PRIMARY OCCUPATION Truck Driver		16. NUMBER OF YEARS THIS OCCUPATION 40		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) McKewon Transportation	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 18050 Upland Ave.		19. CITY OR TOWN Fontana		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Evelyn Tilton, Spouse	
21. PLACE OF DEATH At home		22. COUNTY San Bernardino		23. STATE Calif.	
24. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 18090 Upland		25. CITY OR TOWN Fontana		26. SAME AS 19A	
27. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) RESPIRATORY FAILURE (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (C) NONE		28. MINS 29. YEARS		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 31. YES SF 87-5-2020 32. NO 33. NO	
34. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A NONE		35. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23 NONE		36. TYPE OF OPERATION NONE	
37. PHYSICIAN'S CERTIFICATION 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE Shant Eschel, M.D. 28C. DATE SIGNED 5-11-87 28D. PHYSICIAN'S LICENSE NUMBER A323490		29. SPECIFY ACCIDENT, SUICIDE, ETC. 30. PLACE OF INJURY 31. INJURY AT WORK 32. DATE OF INJURY—MONTH, DAY, YEAR 33. HOUR		34. TYPE PHYSICIAN'S NAME AND ADDRESS THAWAT EOSAKUL, M.D., 16860 SEVILLE AVE, FONTANA	
35. 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)		36. CORONER—SIGNATURE AND DEGREE OR TITLE		37. DATE SIGNED	
38. DISPOSITION Cremation		39. DATE—MONTH, DAY, YEAR May 13, 1987		40. NAME AND ADDRESS OF CEMETERY OR CREMATORY Pierce Brothers Crestlawn Mem. Park, 11500 Arlington Ave., Riverside, CA.	
41. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Pierce Brothers		42. LICENSE NO. 821		43. LOCAL REGISTRAR—SIGNATURE George R. Pettersen, M.D.	
44. STATE REGISTRAR A. 2-5-14		45. B.		46. C.	
47. D.		48. E.		49. F.	

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



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon B. DuPuis the 12th day
of July A.D., 19 88 at 4:27 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 10974.

FEE \$8.00

Evelyn Biehn County Clerk
By Roxanne Mullendore