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92399

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3600

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Eugene	Richard	Anderson	Sept. 7, 1978	1315

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
MALE	BLACK		MAY 13, 1906	72 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
OKLAHOMA	UNKNOWN	LORA FRENCH ARKANSAS

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	563-16-5477	MARRIED	BEULAH MAE POPE

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
CUSTODIAN	4	FONTANA UNIFIED SCHOOL DIST.	CUSTODIAN

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
15809 CURTIS		BEULAH MAE ANDERSON - WIFE 15809 CURTIS FONTANA, CALIFORNIA 92335

19C. CITY OR TOWN	19D. COUNTY	19E. STATE
FONTANA	SAN BERNARDINO	CA.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
ST. BERNARDINES HOSPITAL	2101 NORTH WATERMAN AVENUE

21C. CITY OR TOWN	21D. COUNTY
SAN BERNARDINO	SAN BERNARDINO

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Myocardial Failure — 1 hr

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

DUE TO, OR AS A CONSEQUENCE OF — (B) Mitral Valve Regurgitation — 10 yrs

DUE TO, OR AS A CONSEQUENCE OF — (C) Rheumatic Heart Disease — 40 yrs

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE 4-7-78
OPERATION: Mitral Valve Replacement

PHYSICIAN'S CERTIFICATION

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.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
9-5-78	9-7-78

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: R.N. Treasure

28C. DATE SIGNED: 9.8.78

28D. PHYSICIAN'S LICENSE NUMBER: G 35521

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard Moersch, M.D., 399 E. Highland Ave. Ste #506, San Bernardino, CA

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

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)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER
BURIAL	9/13/78	GREEN ACRES MEMORIAL PARK - BLOOMINGTON, CA.	4880

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
GREEN ACRES MORTUARY	Louis E. Mahoney MD	SEP 13 1978

4-9-13

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-78)

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 MD

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

Return To: Beulah Anderson
15809 Curtis
Fontana, California 92335

'88 OCT 7 PM 2 41

14-12846-611 2/74

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 7th day of Oct. A.D., 19 88 at 2:41 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 16860.

Evelyn Biehn County Clerk

By Pauline Muldrake

FEE $8.00