

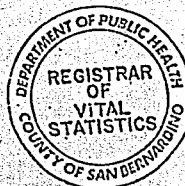
92399

K-40860
CERTIFICATE OF DEATH
STATE OF CALIFORNIAVol. m88 Page 16860
3600

STATE FILE NUMBER		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Eugene		Richard		Sept. 7, 1978	
3. SEX		5. ETHNICITY		7. AGE	
MALE		BLACK		72	
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	
U.S.A.		563-16-5477		MARRIED	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
CUSTODIAN		4		FONTANA UNIFIED SCHOOL DIST.	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. CITY OR TOWN	
15809 CURTIS		SAN BERNARDINO		FONTANA	
21A. PLACE OF DEATH		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21C. CITY OR TOWN	
ST. BERNARDINES HOSPITAL		2101 NORTH WATERMAN AVENUE		SAN BERNARDINO	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?	
(A) Myocardial Failure		(B) Mitral Valve Regurgitation		Yes	
(C) Rheumatic Heart Disease		(D) Mitral Valve Regurgitation		No	
25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
No		Yes		Yes	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		Richard Moersch, M.D., 399 E. Highland Ave. Ste #506, San Bernardino, CA		9.8.78	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35C. DATE SIGNED	
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		39. EMBALMER'S LICENSE NUMBER	
				4880	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		9/13/78		GREEN ACRES MEMORIAL PARK - BLOOMINGTON, CA.	
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		SEP 13 1978	
4. 9-13		A.		B.	
STATE REGISTRAR		C.		D.	
VS-11 (1-78)		E.		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.

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTHReturn To: Beulah Anderson
15809 Curtis
Fontana, California 92335

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., 1988 at 2:41 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 16860
By Evelyn Biehn County Clerk

FEE \$8.00