CERTIFICATION OF VITAL RECORD

MTC-1396-1603

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

STATE FILE NUMBER [illegible]

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3318 01887

DECEDENT PERSONAL DATA

- 1a. Name of deceased—First name: Ruth
- 1b. Middle name: Merl
- 1c. Last name: Keen
- 2a. Date of death: August 30, 1961
- 2b. Hour: 3:05 P.M.
- 3. Sex: Female
- 4. Color or race: White
- 5. Birthplace: Oregon
- 6. Date of birth: May 4, 1912
- 7. Age: 48 years
- 8. Name and birthplace of father: Joy L. Jordan, Iowa
- 9. Maiden name and birthplace of mother: Mattie Courter, Mo.
- 10. Citizen of what country: U.S.A.
- 11. Social Security number: 542-44-3563
- 12. Last occupation: Housewife
- 13. Number of years in this occupation: 33
- 14. Name of last employing company or firm: Self- Employed
- 15. Kind of industry or business: Own Home
- 16. If deceased was ever in U.S. Armed Forces: None
- 17. Specify married, never married, widowed, divorced: Married
- 18a. Name of present spouse: George Keen
- 18b. Present or last occupation of spouse: Laborer

PLACE OF DEATH

- 19a. Place of death—Name of hospital: Riverside General Hospital
- 19b. Street address: 9851 Magnolia Ave.
- 19c. City or town: Arlington
- 19d. County: Riverside
- 19e. Length of stay in county of death: 13 Mo.
- 19f. Length of stay in California: 13 Mo.

LAST USUAL RESIDENCE

- 20a. Last usual residence—Street address: 714 Broadway
- 20b. If inside city corporate limits: X
- 20c. City or town: Cabazon
- 20d. County: Riverside
- 20e. State: California
- 21a. Name of informant: Spouse
- 21b. Address of informant: 20

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 22b. Coroner: autopsy
- 22c. Physician or coroner—signature: Jr. Coroner; James S. [illegible]; By: [illegible], Deputy
- 22d. Address: Riverside, California
- 22e. Date signed: 8-31-61

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 23. Specify burial, removal, cremation: Burial
- 24. Date: Sept. 5, 1961
- 25. Name of cemetery or crematory: Sunnyslope Cemetery
- 26. Embalmer—signature: Charles A. Kern, License number 4793
- 27. Name of funeral director: Wiefels & Son Banning
- 28. Date accepted for registration by local registrar: 9-5-61
- 29. Local registrar—signature: Everett M. Stone M.D., / [illegible]

CAUSE OF DEATH 5603

30. Cause of death

Part I	Cause	Approximate interval between onset and death
Death was caused by: Immediate cause (a)	Peritonitis	hours
Due to (b)	Perforation of Ascending Colon	hours
Due to (c)	Incisional hernia	months

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(a): [signature] H. Dollinger, MD

OPERATION AND AUTOPSY

- 31. Operation—check one: X
- 32. Date of operation:
- 33. Autopsy—check one: X

INJURY INFORMATION

- 34a. Specify accident, suicide or homicide:
- 34b. Describe how injury occurred:
- 35a. Time of injury: Hour / Month / Day / Year
- 35b. Injury occurred: While at work / Not while at work
- 35c. Place of injury:
- 35d. City, town, or location / County / State

38X 6 X 3397

RETURN: MOUNTAIN TITLE COMPANY
ATTN: DARLENE

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED DEC 20 1988

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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 29th day of Dec. A.D., 1988 at 3:05 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 22159.

Evelyn Biehn — County Clerk
By Pauline Mullendore

FEE $8.00