

BOOK • 1984

PAGE

STATE FILE NUMBER				CERTIFICATE OF DEATH				33 005117			
STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH—MONTH, DAY, YEAR		12B. HOUR			
FLORENCE				ASHFORD		OCTOBER 16, 1984				1825	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/Hispanic		6. DATE OF BIRTH		7. AGE		8. UNDER 1 YEAR	
Female		WHITE		NO		June 23, 1923		61		YEARS MONTHS DAYS HOURS MINUTES	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. NAME AND BIRTHPLACE OF FATHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Canada		Roy Harding Canada		U.S.A.		527 24 3707		MARRIED		H.E. ED ASHFORD	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS					
Retail Sales		35		McOwens Dress Store		Sales					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
41200 Johnson		HEMET		RIVERSIDE		H.E. Ed Ashford - husband					
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN					
Ramona Manor Conv.		RIVERSIDE		485 W. Johnston		HEMET					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS BODYSPEC PERFORMED?		26. WAS AUTOPSY PERFORMED?			
(A) Metastatic carcinoma in brain				1 year		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		2 years		No	
(B) Adenocarcinoma of lung, recurrent				2 years						Yes	
(C)										No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER							
Lobectomy, Right-Midlung		28 Apr 1984		1701154		AD 12169					
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 PRECEDED INJURY)									
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED							
11 AUG 1984		15 OCT 1984		D. Michael Crile, M.D., 1225 E. Latham St, Hemet, CA							
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER LICENSE NUMBER AND SIGNATURE					
BURIAL		Oct. 19, 1984		San Jacinto Valley Cemetery, San Jacinto, CA		Nicholas Jones 5842					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR					
MILLER-JONES VALLEY MORTUARY		1286		P. M. P. M.D.		October 18, 1984					
STATE REGISTRAR											

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

This is to certify, when stamped with the seal of the Riverside County Recorder, that this is a true copy of the permanent record on file in this office.

Date SEP 28 1988

William E. Smiley
Recorder
RIVERSIDE COUNTY, CALIF.



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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 30th day
of Dec. A.D., 1988 at 4:15 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 22307

FEE \$8.00

Return: Henry Ashford
25544 Sharp Dr., Hemet, Ca. 92344

Evelyn Biehn, County Clerk

By Evelyn Biehn