

7271

CERTIFICATE OF DEATH

Vol. M89 Page 21038

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Gene		E.		Forbes	
2A. DATE OF DEATH (MONTH, DAY, YEAR)		12B. HOUR			
August 7, 1986		1844			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO	
Male		White		<input checked="" type="checkbox"/>	
6. DATE OF BIRTH		7. AGE		8. YEARS	
November 14, 1921		64		YEARS	
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Ernest P. Forbes - UNK		Gladys F. Ballance - UNK			
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
USA		19 4 2 TO 19 7 2		246-18-2804	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
Married		Fujiko Miura			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
MSGT		30		US Air Force	
18. KIND OF INDUSTRY OR BUSINESS		19C. CITY OR TOWN			
Military		Moreno Valley			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
13860 Elsworth		42501		Fujiko Miura Forbes - Wife	
19D. COUNTY		19E. STATE		21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Riverside		CA		13860 Elsworth	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Riverside Community Hospital		Riverside		4445 Magnolia Ave.	
21D. CITY OR TOWN		21E. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			
Riverside					
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?	
(A) Septic shock		Anemia, gastrointestinal bleeding, colitis		No	
(B) Fulminant pneumonia				25. WAS BIOPSY PERFORMED?	
(C) Metastatic liver disease				No	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		None	
No					
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	
8 2 1986 8 7 1986		G. Huang MD, 9851 Magnolia Ave, Riverside, Ca.		8-12-86	
28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
G32354					
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 RESULTED IN INJURY)			
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	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Burial		August 12, 1986		Riverside National Cemetery, Riverside, CA	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
5596		Evans-Brown Pernis Mortuary		F 839	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
		AUG 13 1986			
STATE REGISTRAR		A.		B.	
		C.		D.	
		E.		F.	

VS-11 (1-85)

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

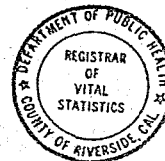
COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

AUG 15 1986

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Gallagher
 Edward J. Gallagher, M.D.
 Director of Health & Local Registrar



DOH-VS-004 (REV 8/85)

AFTER RECORDING, RETURN TO:

H.F. SMITH
 Attorney at Law
 540 Main Street
 Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of H. F. Smith the 1st day of Nov. A.D., 19 89 at 11:56 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 21038.

FEE \$8.00

Evelyn Biehn County Clerk

By Pauline Muelendore