

ATC# 0103363 **CERTIFICATE OF DEATH** STATE OF CALIFORNIA

360087-165178

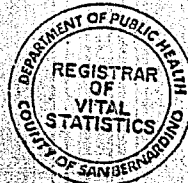
STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		BARBARA		ANN		RICHARDSON		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE	
Female		White		NO		October 12, 1929		57 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
California		Harold C. Phillips Michigan		Margaret Risley Canada		U.S.A.		560 78 2600	
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		16. MARITAL STATUS		17. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Homemaker		Adult years		Self		Married		Woodie B. Richardson	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. WAS DEATH REPORTED TO CORONER?		22. WAS BOPSY PERFORMED?	
34711 Date Street		Yucaipa		Woodie B. Richardson Husband		YES FL86-11-1047		NO	
23. PLACE OF DEATH		24. CITY OR TOWN		25. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		26. WAS DEATH REPORTED TO CORONER?		27. WAS BOPSY PERFORMED?	
KAISER FOUNDATION HOSPITAL		Fontana		34711 Date Street		YES		NO	
28. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		29. CITY OR TOWN		30. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		31. WAS DEATH REPORTED TO CORONER?		32. WAS BOPSY PERFORMED?	
9961 SIERRA AVENUE		Fontana		Yucaipa, CA 92399		YES		NO	
33. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		34. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		35. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		36. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		37. TYPE OF OPERATION	
(A) Cardiac Arrest		5 min		Hypertension, Diabetes, Congestive Heart Failure		NONE		NONE	
(B) Acute Myocardial Infarction		6 hr							
(C)									
38. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		39. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		40. DATE SIGNED		41. PHYSICIAN'S LICENSE NUMBER		42. TYPE PHYSICIAN'S NAME AND ADDRESS	
10-31-84		GARY DIBBLE M.D.		11-26-86		G 39148		GARY DIBBLE M.D. 9961 SIERRA FONTANA C.A. 92335	
43. SPECIFY ACCIDENT, SUICIDE, ETC.		44. PLACE OF INJURY		45. INJURY AT WORK		46. DATE OF INJURY—MONTH, DAY, YEAR		47. HOUR	
48. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		49. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		50. CORONER—SIGNATURE AND DEGREE OR TITLE		51. DATE SIGNED		52. DATE SIGNED	
53. 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		54. CORONER—SIGNATURE AND DEGREE OR TITLE		55. DATE SIGNED		56. DATE SIGNED		57. DATE SIGNED	
58. DISPOSITION		59. DATE—MONTH, DAY, YEAR		60. NAME AND ADDRESS OF CEMETERY OR CREMATORY		61. EMBALMER'S LICENSE NUMBER AND SIGNATURE		62. DATE ACCEPTED BY LOCAL REGISTRAR	
Burial		Dec. 1, 1986		Desert Lawn Cemetery, Calimesa, CA		5725 Taylor Street		December 1, 1986	
63. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		64. LICENSE NO.		65. LOCAL REGISTRAR—SIGNATURE		66. DATE ACCEPTED BY LOCAL REGISTRAR		67. DATE ACCEPTED BY LOCAL REGISTRAR	
Hughes Funeral Chapel		1027		G.R. Pettersen, M.D. / Sm		December 1, 1986		4100	
68. STATE REGISTRAR		69. DATE		70. DATE		71. DATE		72. DATE	
VS-11 (1-85)									

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.

George R. Pettersen, M.D.

GEORGE R. PETERSEN, M.D., M.P.H.
 DIRECTOR OF PUBLIC HEALTH



STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 29th day
 of Nov. A.D., 19 89 at 3:46 o'clock P.M. and duly recorded in Vol. M89
 of Deeds on Page 23136

FEE \$8.00

Evelyn Biehn, County Clerk

By Sharon M. Mendenhall

Return: A.T.C.