8455

Vol M89 Page 23136

ATC# 9863-677

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER 3600 87-165178

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: BARBARA
1B. MIDDLE: ANN
1C. LAST: RICHARDSON
2A. DATE OF DEATH (MONTH, DAY, YEAR): NOVEMBER 25, 1986
2B. HOUR: 1315
3. SEX: Female
4. RACE/ETHNICITY: White
5. SPANISH/HISPANIC: NO [X]
6. DATE OF BIRTH: October 12, 1929
7. AGE: 57 YEARS (IF UNDER 1 YEAR: DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California
9. NAME AND BIRTHPLACE OF FATHER: Harold C. Phillips Michigan
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Margaret Risley Canada
11A. CITIZEN OF WHAT COUNTRY: U.S.A.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 ___ TO 19 ___
12. SOCIAL SECURITY NUMBER: 560 78 2600
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Woodie B. Richardson
15. PRIMARY OCCUPATION: Homemaker
16. NUMBER OF YEARS THIS OCCUPATION: Adult years
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self
18. KIND OF INDUSTRY OR BUSINESS: Own home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 34711 Date Street
19B. 0870
19C. CITY OR TOWN: Yucaipa
19D. COUNTY: San Bernardino
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Woodie B. Richardson Husband
34711 Date Street
Yucaipa, CA 92399

PLACE OF DEATH

21A. PLACE OF DEATH: KAISER FOUNDATION HOSPITAL
21B. COUNTY: SAN BERNARDINO
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 9961 SIERRA AVENUE
21D. CITY OR TOWN: FONTANA

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Cardiac Arrest — 5 min
DUE TO, OR AS A CONSEQUENCE OF (B): Acute Myocardial Infarction — 6hr
DUE TO, OR AS A CONSEQUENCE OF (C):
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? YES FL86-11-1047
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Hypertension, Diabetes, Congestive Heart Failure
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NONE DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 10-31-84
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 11-25-86
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Gary Dibble MD
28C. DATE SIGNED: 11-26-86
28D. PHYSICIAN'S LICENSE NUMBER: G 39148
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: GARY DIBBLE M.D. 9961 SIERRA FONTANA C.A. 92335

INJURY INFORMATION

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 RESULTED IN INJURY)

CORONER'S USE ONLY

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: Burial
37. DATE—MONTH, DAY, YEAR: Dec. 1, 1986
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Desert Lawn Cemetery, Calimesa, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 5725 Dayton Groves
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Hughes Funeral Chapel
40B. LICENSE NO.: 1027
41. LOCAL REGISTRAR—SIGNATURE: G.R. Pettersen, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: December 1, 1986

STATE REGISTRAR: A. 4-12-4 B. C. D. E. F. 4100

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. PETTERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

011 013 H50

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 Pauline Mulvadore

Return: A.T.C.