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CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): FRANK
1B. MIDDLE: B.
1C. LAST (FAMILY): ROMIG
2A. DATE OF DEATH—MO. DAY. YR: August 28, 1989
2B. HOUR: 1655
3. SEX: M
4. RACE: Caucasian
5. SPANISH/HISPANIC—SPECIFY: ☐ YES ____ [X] NO
6. DATE OF BIRTH—MO. DAY. YR: January 21, 1924
7. AGE IN YEARS: 65
IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MINUTES
8. STATE OF BIRTH: OR
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: Frank Vernon Romig
10B. STATE OF BIRTH: UNA
11A. FULL MAIDEN NAME OF MOTHER: Ava V. Shields
11B. STATE OF BIRTH: OR
12. MILITARY SERVICE? 19 43 TO 19 45 ☐ NONE
13. SOCIAL SECURITY NO.: 544-18-2304
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Winifred J. Westfal
16A. USUAL OCCUPATION: Foreman
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Steel Manufacturing
16C. USUAL EMPLOYER: Kaiser Steel
16D. YEARS IN OCCUPATION: 30
17. EDUCATION—YEARS COMPLETED: 16

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 12785 Lantana Street
18B. CITY: Yucaipa
18C. ZIP CODE: 92399
18D. COUNTY: San Bernardino
18E. NUMBER OF YEARS IN THIS COUNTY: 30
18F. STATE OR FOREIGN COUNTRY: California
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Winifred Romig - Wife, 12785 Lantana Street, Yucaipa, California 92399

PLACE OF DEATH

19A. PLACE OF DEATH: At Home
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA
19C. COUNTY: San Bernardino
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 12785 Lantana Street
19E. CITY: Yucaipa
22. WAS DEATH REPORTED TO CORONER? [X] YES REFERRAL NUMBER 89-4081 FL ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) MULTIPLE MYELOMA — TIME INTERVAL BETWEEN ONSET AND DEATH: 1 YR.
DUE TO (B)
DUE TO (C)
23. WAS BIOPSY PERFORMED? [X] YES ☐ NO
24A. WAS AUTOPSY PERFORMED? ☐ YES [X] NO
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: HYPERTENSION
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR: 8-21-89
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 8-22-89
27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: John Muellner M.D.
27C. PHYSICIAN'S LICENSE NUMBER: G 24700
27D. DATE SIGNED: 8-29-89
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: JOHN MUELLNER M.D. 9961 SIERRA FONTANA CA. 92335

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER
28B. DATE SIGNED
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined
30A. PLACE OF INJURY
30B. INJURY AT WORK ☐ YES ☐ NO
30C. DATE OF INJURY MONTH, DAY, YEAR
31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S): BU
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Desert Lawn Cemetery, 11251 Desert Lawn Dr., Calimesa, CA
34C. DATE MO. DAY. YEAR: Aug. 31, 1989
35A. SIGNATURE OF EMBALMER: Denise A. Gettman
35B. LICENSE NUMBER: 7512
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Emmerson-Bartlett Yucaipa
36B. LICENSE NO.: 822
37. SIGNATURE OF LOCAL REGISTRAR: George R. Pettersen, M.D.
38. REGISTRATION DATE: Aug. 31, 1989
CENSUS TRACT: 0870

STATE REGISTRAR

A5T/F-96
B.
C.
D.
E.
F.

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

11 (REV. 3-89)

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED SEP 06 1989

082532

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

George R. Pettersen M.D.
GEORGE R. PETTERSEN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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 Winifred J. Romig the 9th day of Jan. A.D., 19 90 at 11:25 o'clock A.M., and duly recorded in Vol. M90, of Deeds on Page 478.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00
Return: Winifred Romig
12785 Lantana St., Yucaipa, Ca. 92399