

CERTIFICATE OF DEATH

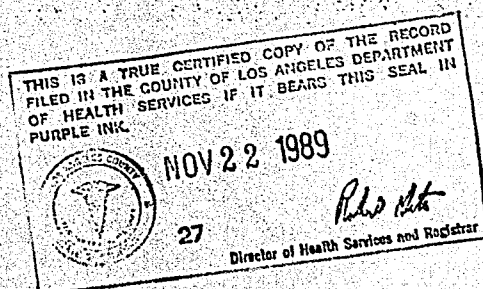
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3. SEX
Everett		Adolphus	Jones		November 20, 1989 0715 Male
4. RACE		5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR. 7. AGE IN YEARS	
White/American		☐ YES ☒ NO		October 4, 1915 74	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER	
CA		U.S.A.		Adolphus E. Jones	
10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
CA		Ella Jones		CA	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS	
19 — TO 19 ☒ NONE		559-03-7864		Married	
15A. USUAL OCCUPATION		15B. USUAL KIND OF BUSINESS OR INDUSTRY		15C. USUAL EMPLOYER	
Construction		Amusement Park		Disneyland	
16A. RESIDENCE—STREET AND NUMBER OR LOCATION		16B. CITY		16C. ZIP CODE	
1301 S. Azusa Ave.		West Covina		91791	
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY	
Los Angeles		63		California	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY	
Queen Of The Valley Hosp.		IP		Los Angeles	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH	
1115 S. Sunset Ave.		West Covina		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		☐ YES ☒ NO	
IMMEDIATE CAUSE (A) Sepsis		2 Days		23. WASopsy PERFORMED?	
DUE TO (B) Pneumonia		6 Weeks		☐ YES ☒ NO	
DUE TO (C)		24A. WAS AUTOPSY PERFORMED?		☐ YES ☒ NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		☐ YES ☒ NO	
None		None		27C. PHYSICIAN'S LICENSE NUMBER	
1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27D. DATE SIGNED	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		11/21/89	
10/9/89		Bradley Rosenberg, M.D. 420 W. Rowland, Covina, CA			
1 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	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR	
Cremation		4900 S. Workman Mill Rd.		Nov 24, 1989	
Burial		Whittier, CA 90608		Unembalmed	
35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER		36. REGISTRATION DATE	
Rose Hills Mortuary—Whittier, CA		970		NOV. 22 1989	
37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		CENSUS TRACT	
A. B. C. D. E. F.		NOV. 22 1989			

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Claire H. Jones the 20th day of Feb. A.D., 19 90 at 12:34 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 3246.

FEE \$8.00

Return: Claire Jones

1301 S. Azusa Ave., West Covina, Ca. 91791

Evelyn Biehn County Clerk

By Pauline M. Mendenhall