

13992

CERTIFICATE OF DEATH
STATE OF CALIFORNIAVol. M90 Page 7649

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
Thomas		Anthony	
1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Flaherty Jr.		Aug. 6, 1985	
3. SEX		4. RACE/ETHNICITY	
Male		White	
5. SPANISH/HISPANIC NO		6. DATE OF BIRTH	
29		July 20, 1925	
7. AGE		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	
60		MA	
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Thomas A. Flaherty Sr. MA		Elizabeth Seaman MA	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	
U.S.A.		1942 TO 1945	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
028-12-1362		Divorced	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
None		Accountant	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
25		Swinerton & Walberg	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
General Contractor		74730 Candlewood	
19B. CITY OR TOWN		19C. COUNTY	
Palm Desert		Riverside	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		19D. STATE	
Self - Preneed		CA	
21A. PLACE OF DEATH		21B. COUNTY	
EISENHOWER MEDICAL CENTER		Riverside	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
39000 Bob Hope Drive		Ranch Mirage	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
(A) Acute respiratory failure		5 days	
(B) Chronic respiratory failure		2 years	
(C) Chronic obstructive pulmonary disease		20 years	
24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?	
NO		NO	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
NO		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	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28C. DATE SIGNED	
4-21-83		8-6-85	
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28D. PHYSICIAN'S LICENSE NUMBER	
8-5-85		G 39049	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
		Dan Walters, Md 555 Tachevah #204 Palm Springs, CA	
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)	
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	
CREMATION		August 7, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
EVERGREEN CREMATORY-RIVERSIDE		Not Embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
NEPTUNE SOCIETY-RIVERSIDE		1307	
41. LOCAL REGISTRAR'S SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
[Signature]		AUG 07 1985	
STATE REGISTRAR			

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

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

AUG 08 1985

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 8/84)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bill Tropp the 25th day of April A.D., 19 90 at 11:24 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 7649

FEE \$8.00

Return: Willard Mechem

1565 Youngfield Dr., Lakewood, Co. 80215

Evelyn Biehn - County Clerk

By Carolene Mulder

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