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K-42350

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
GENEVA	FULLER	ROMIG	January 15, 1990	2005	Fe.

4. RACE	5. Spanish/Hispanic—Specify	6. DATE OF BIRTH—Mo. Day. Yr.	7. AGE IN YEARS	If under 1 year: Months / Days	If under 24 hours: Hours / Minutes
Caucasian	☐ Yes _____ ☒ No	December 25, 1900	89		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
OR	USA	Elmer Zimmerman	OH	Neppie Fuller	KS

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	544-32-0324	Widow	----------

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Homemaker	Homemaking	Own Home	65	12

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
2828 Meadowlark Dr	San Diego	92123

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	2	CA	Mary Ellen Russell-daughter PO Box 3213 Palm Desert, Ca 92261

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Georgian Court Nursing		San Diego

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
2828 Meadowlark Drive	San Diego

TIME INTERVAL BETWEEN ONSET AND DEATH

22. WAS DEATH REPORTED TO CORONER? ☒ Yes REFERRAL NUMBER 1-288 ☐ No

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (a) Cardiopulmonary Failure ▶ Minutes

23. WAS BIOPSY PERFORMED? ☐ Yes ☒ No

DUE TO (b) Probable Myocardial Infarction ▶ Minutes

24A. WAS AUTOPSY PERFORMED? ☐ Yes ☒ No

DUE TO (c) ASHD ▶ Years

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	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
Organic Brain Syndrome	No

I 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	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
	▶ Kent S. Taylor MD	A 11265	1-17-90

27A. DECEDENT ATTENDED SINCE (Month, Day, Year)	DECEDENT LAST SEEN ALIVE (Month, Day, Year)	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
1-20-89	12-15-89	Kent S Taylor,MD 190 N Orange Ave-H El Cajon,Ca

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	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY (Month, Day, Year)	31. HOUR
		☐ Yes ☐ No		

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)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE (Mo. Day. Year)	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
	CR/SEA	3 mi SE Point Loma San Diego,Ca	1-18-90	Not Embalmed	--

36A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
NEPTUNE SOCIETY	F 1352	▶ Ronald L. Romo, M.D.	JAN 18 1990

STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID. DATE ISSUED: January 22, 1990 REGISTRAR OF VITAL STATISTICS

Return to: Hicks

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

Klamath County Title Co.

on this 5th day of July A.D., 19 90 at 9:02 o'clock A M. and duly recorded in Vol. M90 of Deeds Page 13198.

Evelyn Biehn .County Clerk

By Pauline Mullendore Deputy.

Fee, $8.00