

22201

NOV 2 PM 3 15

Vol. m90 Page 22079

ASPEN TITLE 90299 340

000 340 CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST				2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR			
Philip				September 27, 1984 10:10			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH	
Male		White		NO		March 14, 1910	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)				9. NAME AND BIRTHPLACE OF FATHER			
Russia				Ben Hochman - Russia			
11. CITIZEN OF WHAT COUNTRY				12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
USA				096-07-1904		Married	
15. PRIMARY OCCUPATION				16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Draftsman				30		U.S. Porcelain	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B. CITY OR TOWN			
77-850 Sunnybrook Drive				Palm Desert			
19D. COUNTY				19E. STATE			
Riverside				CA			
21A. PLACE OF DEATH				21B. COUNTY			
Residence				Riverside			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN			
77-850 Sunnybrook				Palm Desert			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE				24. WAS DEATH REPORTED TO CORONER?			
(A) <u>Shotgun injuries</u>				Yes			
(B) <u>12:00, 27th St</u>				25. WAS BIOPSY PERFORMED?			
(C) <u>Fractured ribs</u>				No			
26. WAS AUTOPSY PERFORMED?				Yes			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION				NO			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A				28. DATE SIGNED			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			
28C. DATE SIGNED				28D. PHYSICIAN'S LICENSE NUMBER			
29. SPECIFY ACCIDENT, SUICIDE, ETC.				30. PLACE OF INJURY			
Suicide				Residence			
31. INJURY AT WORK				32A. DATE OF INJURY—MONTH, DAY, YEAR			
No				September 27, 1984			
32B. HOUR				32C. DATE SIGNED			
FD:0410				SEP 27 1984			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
77-850 Sunnybrook - Palm Desert				Self inflicted 20 GA. shotgun 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			
Investigation				William J. Dykes, Coroner			
36. DISPOSITION				37. DATE—MONTH, DAY, YEAR			
Cremation				Sept. 28, 1984			
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Desert Lawn Park - Calimesa				Not Embalmed			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)				40B. LICENSE NO.			
Desert Cremation Service				1389			
41. LOCAL REGISTRAR'S SIGNATURE				42. DATE ACCEPTED BY LOCAL REGISTRAR			
Ronald P. Hattis, M.D.				SEP 28 1984			
43. STATE REGISTRAR				44. STATE REGISTRAR			

VS-11(7-83) *****This must be in red to be a "CERTIFIED COPY"*****

OCT 01 1984

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

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.

Ronald P. Hattis, M.D.

Ronald P. Hattis, 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 _____ the _____ 2nd _____ day of _____ Nov. _____ A.D., 1990 at 3:15 o'clock _____ P. M., and duly recorded in Vol. _____ M90 of _____ Deeds _____ on Page 22079

Evelyn Biehn - County Clerk
By _____

FEE \$8.00
Return: ATC