

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600 173 - 1444

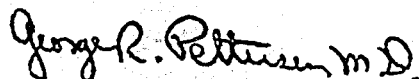
STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST LOREN		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR September 6, 1985 1650	
1B. MIDDLE CLARENCE		1C. LAST ROSENTHAL	
3. SEX Male		4. RACE/ETHNICITY White	
5. SPANISH/HISPANIC NO		6. DATE OF BIRTH October 24, 1914	
7. AGE 70 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS	
9. NAME AND BIRTHPLACE OF FATHER Clarence W. Rosenthal Unknown		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Emily Ulrich, Pennsylvania	
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19	
12. SOCIAL SECURITY NUMBER 265-09-5984		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Dorothy L. Webster		15. KIND OF INDUSTRY OR BUSINESS City Government	
16. PRIMARY OCCUPATION Building Inspector 20		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) City of Oxnard	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 39279 Hideaway Lane		19B. CITY OR TOWN Yucaipa	
19A. COUNTY San Bernardino		19C. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Dorothy L. Rosenthal Wife		21. PLACE OF DEATH Residence	
21A. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 39279 Hideaway Lane		21B. CITY OR TOWN Yucaipa	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) Cardio Respiratory Arrest (B) Metastatic Melanoma (C)		23. WAS DEATH REPORTED TO CORONER? Yes 74243 DH 24. WAS BLOODY PERFORMED? Yes 25. WAS AUTOPSY PERFORMED? No	
26. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION None	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 1982 Sept. 1, 1985		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Thomas Denmark M.D. 28C. DATE SIGNED 9/6/85 28D. PHYSICIAN'S LICENSE NUMBER G22567	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		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 Burial		37. DATE—MONTH, DAY, YEAR Sept. 9, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Ivylawn Cemetery, Ventura, California		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Hughes Funeral Chapel		40B. LICENSE NO. 1027	
41. LOCAL REGISTRAR—SIGNATURE G.R. Pettersen, M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR Sept. 9, 1985	
STATE REGISTRAR A. 8-9-9		B.	
C.		D.	
E.		F. 1729	

VS-11 (1-85)

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

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN

RED.



GEORGE R. PETTERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kell Alterman & Runstein the 26th day
of March A.D., 19 91 at 10:26 o'clock AM, and duly recorded in Vol. M91
of Deeds on Page 5322.

FEE \$8.00

Return: Dorothy L. Rosenthal
35041 Kimberly Ln., Yucaipa, Ca. 92399

Evelyn Biehn County Clerk

By Dorothy L. Rosenthal