CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

27896

DEPARTMENT OF HEALTH SERVICES Vol M91 Page 6258

'91 APR 9 AM 11 41

89-212715

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

38919053067

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

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	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
White/American	☐ YES ☒ NO	October 4, 1915	74				

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
CA	U.S.A.	Adolphus E. Jones	CA	Ella Jones	CA

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	559-03-7864	Married	Claire H. Gantert

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Construction	Amusement Park	Disneyland	25	11

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1301 S. Azusa Ave.	West Covina	91791

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	63	California	Claire H. Jones 1301 S. Azusa Ave. West Covina, CA 91791

PLACE OF DEATH

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
1115 S. Sunset Ave.	West Covina

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Sepsis	2 Days
DUE TO	(B) Pneumonia	6 Weeks
DUE TO	(C)	

22. WAS DEATH REPORTED TO CORONER? ☐ YES ___ REFERRAL NUMBER ☒ NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

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.
None	None

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
10/9/89	11/19/89	Brad Rosenberg, MD	G45198	11/21/89

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Bradley Rosenberg, M.D. 420 W. Rowland, Covina, CA

CORONER'S USE ONLY

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—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

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
Cremation Burial	Rose Hills Memorial Park 3900 S. Workman Mill Rd. Whittier, CA 90608	Nov. 24, 1989	Unembalmed	-----

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Rose Hills Mortuary-Whittier, CA	970	Robert J. Mata 89	NOV 22 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
1	X	2				

VS-11 (REV. 3-89) 486 MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS 01-9-1-0626

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED
DEC 20 1990

372883

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Claire Jones the 8th day of April A.D., 19 91 at 11:41 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 6258.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00

Return: Claire Jones
1301 S. Azusa Ave., West Covina, Ca. 91791