

30643

Vol. 991 Page 11322

ASPEN, 36551

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

3-91-30-002357

| | | | |
|---|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | |
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Helen | | 1B. MIDDLE J. | |
| 1C. LAST (FAMILY) Bless | | 2A. DATE OF DEATH—MO., DAY, YR. March 1, 1991 | |
| 2B. HOUR 0607 | | 3. SEX F | |
| 4. RACE White | | 5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 6. DATE OF BIRTH—MO., DAY, YR. July 4, 1938 | | 7. AGE IN YEARS 52 | |
| 8. STATE OF BIRTH KS | | 9. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 10A. FULL NAME OF FATHER John Millirons | | 10B. STATE OF BIRTH KS | |
| 11A. FULL MAIDEN NAME OF MOTHER Lillie Counselor | | 11B. STATE OF BIRTH MO | |
| 12. MILITARY SERVICE? 19 — TO 19 — <input checked="" type="checkbox"/> NONE | | 13. SOCIAL SECURITY NO. 515-36-5832 | |
| 14. MARITAL STATUS Married | | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Ralph Bless, Sr. | |
| 16A. USUAL OCCUPATION Homemaker | | 16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home | |
| 16C. USUAL EMPLOYER Self | | 16D. YEARS IN OCCUPATION 34 | |
| 17. EDUCATION—YEARS COMPLETED 12 | | 18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4592 Granada Dr. | |
| 18B. CITY Yorba Linda | | 18C. ZIP CODE 92686 | |
| 18D. COUNTY Orange | | 18E. NUMBER OF YEARS IN THIS COUNTY 14 | |
| 18F. STATE OR FOREIGN COUNTRY CA | | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ralph Bless, Sr.—Husband 4592 Granada Dr. Yorba Linda, CA 92686 | |
| 19A. PLACE OF DEATH Brea Community Hosp. | | 19B. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> ER/OP, DOA | |
| 19C. COUNTY Orange | | 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 380 W. Central Ave. | |
| 19E. CITY Brea | | 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) CARDIAC ARREST (B) HEPATIC FAILURE (C) METASTATIC ADENOCARCINOMA-COLON | |
| 22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 COPD | | 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? IF YES, LIST TYPE OF OPERATION AND DATE. 2-12-91 PARTIAL COLECTOMY | |
| 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 6-26-78 | | 27B. SIGNATURE AND DEGREE OR TITLE OF CORONER ELWOOD COHEN, D.O. | |
| 27C. CERTIFIER'S LICENSE NUMBER 20A4321 | | 27D. DATE SIGNED 3-1-91 | |
| 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS ELWOOD COHEN, D.O. 330 S. BREA BLVD. BREA, CA. 92621 | | 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 <input type="checkbox"/> YES <input type="checkbox"/> 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) | |
| 34A. DISPOSITION(S) TR/BU | | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Lakin Cemetery; Lakin, KS | |
| 34C. DATE MO., DAY, YEAR 3/6/91 | | 34D. SIGNATURE OF EMBALMER William H. McAnuly | |
| 34E. LICENSE NUMBER 6308 | | 34F. SIGNATURE OF LOCAL REGISTRAR 0555 | |
| 34G. REGISTRATION DATE 3/4/91 | | 34H. CENSUS TRACT | |
| 34I. STATE REGISTRAR | | 34J. CENSUS TRACT | |

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

11323

COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH & MED. SERVICES
SANTA ANA, CALIFORNIA
☐ FEE: \$8.00
☐ NO FEE VETERANS
PURPOSES

This is to certify, if impressed
with the seal of the County of
Orange, that the foregoing is a true
and correct copy of the original
record filed in the

L. Rex Biehn, M.D.

L. Rex Biehn, M.D.
Health Officer and Local Registrar of
Births and Deaths of Orange County

MAR - 7 1991



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 14th day
of June A.D., 19 91 at 3:41 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 11322.

FEE \$13.00

Return: ATC

Evelyn Biehn County Clerk
By Dan Mullender