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CERTIFICATE OF DEATH *MR 1396-2668*

STATE FILE NUMBER				STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)				2B. HOUR	
Edwin		George		Simmonds		September 26, 1986				1905	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR MONTHS DAYS	
Male		White		NO		December 26, 1914		71 YEARS			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER						10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Ohio		Harry Simmonds - Ohio						Rubie Haver - Ohio			
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
U.S.A.		19 NA TO 19 NA		570-18-6297		Married		Leah Stark			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Building Inspector		17		City of Los Angeles		City Government					
15A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN					
49305 Highway 74 Space 101				45102		Palm Desert					
19D. COUNTY				19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Riverside				California		Mrs. Leah Simmonds - Wife					
21A. PLACE OF DEATH				21B. COUNTY		490305 Highway 74 Space#101					
Eishhower Medical Center				Riverside		Palm Desert, CA 92260					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN							
39000 Bob Hope Drive				Rancho Mirage							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				23. 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		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
IMMEDIATE CAUSE				Advanced metastatic carcinoma of colon		Colon resection		No		No	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.				(B) Primary carcinoma of colon		unknown		No		No	
				(C)				No		No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)				LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		9-29-86		C-33486			
9-26-86				9-26-86		Kiewit Bldg. #302					
				Dale Schwartz, MD 39000 Bob Hope Dr. Rancho Mirage, CA							
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		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Cremation		9/30/1986		EVERGREEN CREMATORY - RIVERSIDE, CA				Not Embalmed			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)				40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
Neptune Society-Riverside, CA				1307		<i>[Signature]</i>		SEP 30 1986			
STATE REGISTRAR		A.		B.		C.		D.		F.	

VS-11 (1-85)

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

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

OCT 03 1986

OCT 03 1986

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.

[Signature]
 Edward J. Gallagher, M.D.

Director of Health & Local Registrar

