92 FEB 24 02

COUNTY OF RIVERSIDE

41395

RIVERSIDE, CALIFORNIA

Vol M92 Page 3780

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

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
Osmer	B.	Swindle	Oct. 28, 1989	0030	M

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
Cauc.	☐ YES ☒ NO	Aug. 2, 1908	81				

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
AR	U.S.A.	John L. Swindle	TN	Emma Dacus	AR

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	489-05-9978	Married	Gladys Freeman

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Cement Finisher	City Gov't.	City of Pomona	15	9

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
700 E. Wright Street	Hemet	92343

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Riverside	8	CA	Gladys Swindle-Wife 700 E. Wright Hemet, Ca. 92343

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Hemet Valley Medical Center	IP	Riverside

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1117 E. Devonshire Ave.	Hemet

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) cardiopulmonary arrest	0
DUE TO	(B) massive intracerebral hemorrhage	24 hours
DUE TO	(C)	

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☒ 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: none

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: 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
9-14-88	10-27-89	Mitchell Atlas MD	G41760	10-30-89

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Mitchell Atlas, M.D. 40948 E. Florida, #204, Hemet, Ca. 92344

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
Burial	Pomona Cemetery 502 E. Franklin Ave. Pomona, CA	11-1-89	Kevin F. Allen Burial	6379

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Harford Funeral Home	282	[signature]	Oct. 31, 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	CENSUS TRACT

S-11 (REV. 3-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

071480

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } ss

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED NOV 02 1989

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

[signature]
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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

DEPARTMENT OF HEALTH REGISTRAR OF VITAL STATISTICS COUNTY OF RIVERSIDE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Terry Moon the 24th day of Feb. A.D., 19 92 at 4:02 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 3780.

Evelyn Biehn County Clerk
By [signature]

FEE $ 8.00
Return: Terry Moon
12764 Norton AV.e, Chino, Ca. 91710