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41395

COUNTY OF RIVERSIDE

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): Osmer
1B. MIDDLE: B.
1C. LAST (FAMILY): Swindle
2A. DATE OF DEATH—MO. DAY. YR: Oct. 28, 1989
2B. HOUR: 0030
3. SEX: M
4. RACE: Cauc.
5. SPANISH/HISPANIC—SPECIFY: ☐ YES ____ ☒ NO
6. DATE OF BIRTH—MO. DAY. YR: Aug. 2, 1908
7. AGE IN YEARS: 81 | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES
8. STATE OF BIRTH: AR
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: John L. Swindle
10B. STATE OF BIRTH: TN
11A. FULL MAIDEN NAME OF MOTHER: Emma Dacus
11B. STATE OF BIRTH: AR
12. MILITARY SERVICE? 19 __ TO 19 __ ☒ NONE
13. SOCIAL SECURITY NO.: 489-05-9978
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Gladys Freeman
16A. USUAL OCCUPATION: Cement Finisher
16B. USUAL KIND OF BUSINESS OR INDUSTRY: City Gov't.
16C. USUAL EMPLOYER: City of Pomona
16D. YEARS IN OCCUPATION: 15
17. EDUCATION—YEARS COMPLETED: 9

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 700 E. Wright Street
18B. CITY: Hemet
18C. ZIP CODE: 92343
18D. COUNTY: Riverside
18E. NUMBER OF YEARS IN THIS COUNTY: 8
18F. STATE OR FOREIGN COUNTRY: CA
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Gladys Swindle-Wife, 700 E. Wright, Hemet, Ca. 92343

PLACE OF DEATH

19A. PLACE OF DEATH: Hemet Valley Medical Center
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
19C. COUNTY: Riverside
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1117 E. Devonshire Ave.
19E. CITY: Hemet
22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ____ ☒ NO

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)	

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.
27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: Mitchell Atlas MD
27C. PHYSICIAN'S LICENSE NUMBER: G41760
27D. DATE SIGNED: 10-30-89
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR: 9-14-88
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 10-27-89
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): Burial
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Pomona Cemetery 502 E. Franklin Ave. Pomona, CA
34C. DATE MO. DAY. YEAR: 11-1-89
35A. SIGNATURE OF EMBALMER: [signature]
35B. LICENSE NUMBER: 6379
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Harford Funeral Home
36B. LICENSE NO.: 282
37. SIGNATURE OF LOCAL REGISTRAR: [signature]
38. REGISTRATION DATE: Oct. 31, 1989

STATE REGISTRAR

A. | B. | C. | D. | E. | F. | 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