

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

45140

Vol. M92 Page 10959

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		2C. SEX	
		LANE		J.		STONECIPHER		SEPTEMBER 17, 1991		0840		M	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		IF UNDER 1 YEAR		IF UNDER 24 HOURS			
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Dec. 30, 1934		56							
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		USA		Lane Stonecipher		AR		Mary Bennett		KS			
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)							
		19 — TO 19 <input checked="" type="checkbox"/> NONE		567-46-6339		Married		Vera E. Reynolds					
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
sprinkler mechanic		groundskeeper		Claremont Sch. Dist		17		12					
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE									
1146 Cleveland Ave.		Pomona		91768									
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		30		California		Vera E. Stonecipher - Wife							
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OR, DOA		19C. COUNTY		1146 Cleveland Ave.							
KAISER HOSPITAL		IP		SAN BERNARDINO		Pomona CA 91768							
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? (REFER TO NUMBER)							
9961 SIERRA AVENUE		FONTANA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
21. IMMEDIATE CAUSE		(A) ACUTE CARDIAC ARREST		23. WAS BIOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DUE TO		(B) ACUTE MYOCARDIAL INFARCTION		24. WAS AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DUE TO		(C) END STAGE CARDIOMYOPATHY		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		<input type="checkbox"/> YES <input type="checkbox"/> NO							
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		ACUTE CHOLECYSTITIS		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		NONE							
1. 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		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED					
9-16-91		9-17-91		DEREK LI M.D. 9961 SIERRA FONTANA CA. 92335		G 061662		9-18-91					
1. 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		30C. DATE OF INJURY		31. HOUR					
				<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTH, DAY, YEAR							
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		34D. SIGNATURE OF EMBALMER		34E. LICENSE NUMBER					
BU		Bellevue Mausoleum		Sept 19 1991		Donald Thomas		7632					
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE							
Draper Mortuary		392		George R. Petterson MD		Sept. 19, 1991							
STATE REGISTRAR		A. 5-9-25		B.		C.		D.		E.		F.	

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

4100

CERTIFIED COPY OF VITAL RECORDS

SEP 25 1991

254068

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

George R. Petterson M.D.
GEORGE R. PETTERSEN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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 J. Benjamin Selters 111 the 20th day of May A.D., 19 92 at 3:23 o'clock P. M., and duly recorded in Vol. M92 of Deeds on Page 10959.

FEE \$10.00

Return: Vera E. Whittiker
1146 Cleveland, Pomona, Ca. 91768

Evelyn Biehn - County Clerk

By Quinn M. Anderson