CERTIFICATION OF VITAL RECORD

92 JUL 9 AM 10 12

17257 COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA Vol. M92 Page 14977

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
Vera	H.	Toliver	June 7, 1992	0840	F

4. RACE	5. 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
White	☐ YES ☒ NO	August 30, 1909	82				

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
IN	USA	Charles Chaplin	IN	Arley Dickinson	IN

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	556-24-0646	Married	Frank Toliver

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Homemaker	Domestic	Self-employed	62	8

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER (OR LOCATION)	18B. CITY	18C. ZIP CODE
6951 6th Avenue, Sp. # 47	Blythe	92225

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	19. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Riverside	1	California	Frank Toliver - Husband P.O. Box 1976 Blythe, Ca. 92225

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence	—	Riverside

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
6951 6th Avenue, Sp. # 47	Blythe		☒ YES 75190 ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A)	Cardiac Arrest	Immed	23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO
DUE TO (B)	Metastatic Cancer of Breast	4 Years	24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
DUE TO (C)			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	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
None	No

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 CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

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: Deputy Coroner Michael S. Presley | 28B. DATE SIGNED: June 9, 1992

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
Natural				

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:	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO., DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
TR	Davenport's Chapel of the Good 6420 S. 6th St., Klamath Falls, OR. 97603	06-10-1992	Michael S. Presley	7008

36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Frye Chapel & Mortuary of Blythe	FD-596	Dale B. Sparks, M.D.	JUN 09 1992

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
						46100

VS 11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

323531

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF RIVERSIDE }

JUN 11 1992
DATE ISSUED

Dale B. Sparks, M.D.
Acting Director

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.

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 Glen Spoon the 9th day of July A.D., 19 92 at 10:12 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 14977

Evelyn Biehn, County Clerk
By Darlene Mulbrandon

FEE $10.00
Return: Glen Spoon
5244 Balsam Dr., Klamath Falls, OR. 97601