

CERTIFICATION OF VITAL RECORD

17257

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

Vol. 92 Page 14977

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) Vera		1B. MIDDLE Toliver		1C. LAST (FAMILY) Toliver		2A. DATE OF DEATH—MO. DAY, YR. June 7, 1992		2B. HOUR 0840		2C. SEX F	
4. RACE White		5. HISPANIC—SPECIFY ☐ YES ☒ NO		6. DATE OF BIRTH—MO. DAY, YR. August 30, 1909		7. AGE IN YEARS 82		8. IF UNDER 1 YEAR MONTHS DAYS		9. IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH IN		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Charles Chaplin		10B. STATE OF BIRTH IN		11A. FULL MAIDEN NAME OF MOTHER Arley Dickinson		11B. STATE OF BIRTH IN	
12. MILITARY SERVICE None		13. SOCIAL SECURITY NO. 556-24-0546		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME Frank Toliver		16. YEARS IN OCCUPATION 62		17. EDUCATION—YEARS COMPLETED 8	
18A. RESIDENCE—STREET AND NUMBER & LOCATION 6951 6th Avenue, Sp. # 47		18B. CITY Riverside		18C. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT Frank Toliver - Husband		21. P.O. Box P.O. Box 1976		22. CITY, STATE, ZIP CODE Riverside, Ca. 92225	
19A. PLACE OF DEATH Residence		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA None		19C. COUNTY Riverside		23. WAS DEATH REPORTED TO CORONER? ☒ YES ☐ NO		24. WAS POSTY PERFORMED? ☐ YES ☒ NO		25. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiac Arrest		22. IMMEDIATE CAUSE (B) Metastatic Cancer of Breast		23. DUE TO (C) None		24. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? ☒ YES ☐ NO		25. IF YES, LIST TYPE OF OPERATION AND DATE None		26. DATE SIGNED June 9, 1992	
27A. DECEDENT ATTENDED SINCE MONTH DAY, YEAR		27B. DECEDENT LAST SEEN ALIVE MONTH DAY, YEAR		27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Michael S. Presley		27D. DATE SIGNED June 9, 1992		27E. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Michael S. Presley		27F. DATE SIGNED June 9, 1992	
28. MANNER OF DEATH—WHEN OR WHEN SUICIDE, HOMICIDE, PENDING INVESTIGATION OR CAUSE NOT Natural		29A. PLACE OF INJURY 6420 S. 6th St., Klamath Falls, OR 97603		29B. INJURY AT WORK ☐ YES ☒ NO		29C. DATE OF INJURY MONTH DAY, YEAR		29D. HOUR MONTH DAY, YEAR		29E. DATE SIGNED June 9, 1992	
30A. DISPOSITION(S) TR		30B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Davenport's Chapel of the Good		30C. DATE MO. DAY, YEAR 06-30-1992		30D. SIGNATURE OF EMBALMER Michael S. Presley		30E. LICENSE NUMBER 7008		30F. REGISTRATION DATE JUN 09 1992	
31A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Eye Chapel & Mortuary of Ellyne		31B. LICENSE NO. ID-596		31C. TYPE OF LOCAL REGISTRAR State Registrar		31D. REGISTRATION DATE JUN 09 1992		31E. CENSUS TRACT 46100		31F. DATE SIGNED June 9, 1992	



STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

CERTIFIED COPY OF VITAL RECORDS

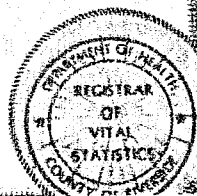
DATE ISSUED

Shirley B. Spink, 2122
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.



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

FEE \$10.00

Return: Glen Spoon

5244 Balsam Dr., Klamath Falls, OR. 97601

Evelyn Biehn

County Clerk

By *Shirley B. Spink, 2122*