CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

Vol M92 Page 17988

48845

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

1 of 2

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF DEATH—MO. DAY, YR.	2B. HOUR	3. SEX
Joy	Marilyn	Hyatt	Oct 3, 1990	1746	F
4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR.	7. AGE IN YEARS	IF UNDER 24 HOURS: MONTHS / DAYS / HOURS / MINUTES	
White	YES ___ NO ✓	June 7, 1945	45		
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
HA	USA	Thomas C. Major	TN	Joy E. Scott	HA
12. MILITARY SERVICE? 19 ___ TO 19 ___ ✓ NONE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
	562-74-0806	Married	Robert Hyatt		
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED	
Housewife	Own Home	Self Employed	25	13	

DECEDENT PERSONAL DATA

18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY	18C. ZIP CODE
6313 Hamilton Ct.		Chino	91710
18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Bernardino	16	CA	Robert Hyatt, Husband 6313 Hamilton Ct Chino CA 91710

USUAL RESIDENCE

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH
Chino Community Hospital	ER/OP	San Bernardino	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
5451 Walnut Ave.	Chino		X YES 90-4869KC ☐ NO

PLACE OF DEATH

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

IMMEDIATE CAUSE	(A) Cardio Respiratory Arrest	Minutes	23. WAS BIOPSY PERFORMED? ☐ YES X NO
DUE TO	(B) Cardio Myopathy	2 Years	24A. WAS AUTOPSY PERFORMED? ☐ YES X NO
DUE TO	(C)		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

CAUSE OF DEATH

23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? IF YES, LIST TYPE OF OPERATION AND DATE
Morbid Obesity, Mitral Valve Prolapse, Cardiac Arrythmia	No

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 CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	

PHYSICIAN'S CERTIFICATION

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
		Deputy Coroner	10-5-90
29. MANNER OF DEATH—(only 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)	

CORONER'S USE ONLY

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER	
CR/TR	St. Clement 1515 Wilder Av. Honolulu, HA 96822	Oct 8 1990		6692	
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. Pettersen, M.D.		October 9, 1990	

FUNERAL DIRECTOR AND LOCAL REGISTRAR

A 10-10-12	B.	C.	D.	E.	F.	CENSUS TRACT 0110

STATE REGISTRAR

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY OF VITAL RECORDS

177317

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss

DATE ISSUED OCT 12 1990

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. Pettersen 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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

17989

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER | ☐ BIRTH ☑ DEATH ☐ FETAL DEATH | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1A. NAME-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
Joy	Marilyn 2 of 2	Hyatt

2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
F	Oct 3, 1990	Chino	San Bernardino

5. FULL NAME OF FATHER	6. FULL MAIDEN NAME OF MOTHER
Thomas C. Major	Joy E. Scott

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
24	Oct 8 1990	Oct 3 1990

REASON FOR CORRECTION 9. Cremation Delayed

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	10C. DATE SIGNED
▶ [signature]	Funeral Director	10/5/90

10D. AGE OF PERSON COMPLETING THE AFFIDAVIT	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
42	Draper Mortuary, 811 N. Mountain Ave, Ontario, CA. 91762

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	11C. DATE SIGNED
▶ [signature]	Funeral Director	10/5/90

11D. AGE OF PERSON COMPLETING THE AFFIDAVIT	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
Legal	Draper Mortuary, 811 N. Mountain Ave. Ontario, CA. 91762

STATE/LOCAL REGISTRAR USE ONLY

12. OFFICE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
▶ George R. Pettersen M.D.	OCT 11 1990

VS 24 (REV. 1/89)
89 50368

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

177337

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss

DATE ISSUED OCT 12 1990

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

DEPARTMENT OF PUBLIC HEALTH COUNTY OF SAN BERNARDINO

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 Robert Hyatt the 12th day of Aug. A.D., 19 92 at 3:41 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 17988.

Evelyn Biehn · County Clerk
By Darlene Hollenbeck

FEE $15.00
Return: Robert Hyatt
6313 Hamilton Ct., Chino, Ca. 91710