

# COUNTY of SAN BERNARDINO

54864

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

DEC 7 1992 PH 2 56 Vol. m92 Page 28948

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	3. SEX
		Mary		Ellen	Vaughn	Sep. 27, 1991		2135	F
4. RACE		5. SPANISH/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		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Nov. 5, 1925		65			
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
MI		USA		Arthur M. Olmstead		MI	Blanche M. Wilson		MI
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		383-22-9607		Married		Raymond E. Vaughn			
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
Homemaker		Own Home		Self Employed		40		12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE					
10210 Baseline Rd. #166		Alta Loma		91701					
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		38		CA		Raymond E. Vaughn, Husband			
19A. PLACE OF DEATH		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		10210 Baseline Rd. #166			
Community Convalescent Hosp				San Bernardino		Alta Loma, CA 91701			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER			
9620 Fremont Ave.		Montclair				<input checked="" type="checkbox"/> YES 91-4953CM <input type="checkbox"/> NO			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS BIOPSY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?			
(A) Aspiration pneumonia		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B) Bilateral hemispheric CVA		3 days		10 days		20 yrs			
DUE TO (C) Hypertension									
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					
27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED			
9/19/91		Gabriel Fabella, M.D.		A048087		9/30/91			
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED					
Gabriel Fabella, M.D. 5260 Palo Verde, Montclair CA									
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 MONTH, DAY, YEAR		31. HOUR	
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
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 MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER	
HJ		Bellevue Mausoleum, 1240 W. G St. Ontario CA		10/1/1991		Robert O. Green		6787	
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.		Sep. 30 1991			
STATE REGISTRAR		A. 3-10-2		B.		C.		D.	

### CERTIFIED COPY OF VITAL RECORDS

285841

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED OCT 02 1991

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.  
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 Raymond E. Vaughn the 7th day of Dec. 1992 at 2:56 o'clock P.M., and duly recorded in Vol. m92 of Deeds on Page 28948.

Evelyn Biehn -County Clerk

FEE \$10.00

Return: Glenn Jones

224 West H. St., Ontario, Ca. 91762