CERTIFICATION OF VITAL RECORD

57600

County of San Bernardino

DIVISION OF VITAL RECORDS
222 WEST HOSPITALITY LANE, SAN BERNARDINO, CALIFORNIA 92415-0022

Vol. M93 Page 3297

'93 FEB 16 AM 11 39

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY

STATE FILE NUMBER: 39236009014

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		
	Peter	Francis	MILLER		NOVEMBER 11,1992	0620	M		
	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	May 5, 1924	68					
	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	U.S.A.	John Miller	MI	Hazel Poole	WI			
	12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)					
	19 47 TO 1946 ☐ NONE	555-20-7223	Married	Jeanette McDonald					
	16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED				
	Journalist	T.V.	Metro Media	28	12				
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION			18B. CITY	18C. ZIP CODE				
	12230 Avenida Alta Loma			Desert Hot Springs	92240				
	18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
	Riverside	2	CA	Jeanette Miller - Wife 12230 Avenida Alta Loma Desert Hot Springs, CA 92240					
PLACE OF DEATH	19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY DNA IP, ER/OP, OOA	19C. COUNTY						
	KAISER HOSPITAL	IP	SAN BERNARDINO						
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY							
	9961 SIERRA AVENUE	FONTANA							
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C			TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER: ☐ YES ☒ NO				
	IMMEDIATE CAUSE (A) CARDIORESPIRATORY FAILURE			MINS.	23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO				
	DUE TO (B) PNEUMONIA			DAYS	24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO				
	DUE TO (C) LUNG CANCER			MTHS.	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.					
	EMPHYSEMA			PNEUMONECTOMY 10-15-92					
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.		27B. SIGNATURE OF CERTIFIER (PHYSICIAN) AND TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED				
	27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR: 5-7-90	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR: 11-11-92		G 058632	11-12-92				
			27E. TYPE AFTERWORD PHYSICIAN'S NAME AND ADDRESS: KERRY LITMAN M.D. 9961 SIERRA FONTANA CA. 92335						
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		28B. DATE SIGNED				
	29. MANNER OF DEATH	30A. PLACE OF INJURY		30B. INJURY AT WORK? ☐ YES ☐ NO	30C. DATE OF INJURY: MONTH, DAY, YEAR	31. HOUR			
	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(S): Cr/Bu	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Riverside National Cem., 22495 Van Buren Blvd., Riverside, CA		34C. DATE: MO., DAY, YR: 11/18/92	35A. SIGNATURE OF EMBALMER: Not embalmed	35B. LICENSE NO.: None			
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Wiefels & Son, Palm Springs	36B. LICENSE NO.: 836	36C. SIGNATURE OF REGISTRAR: [signature] M.D.	REGISTRATION DATE: NOV 18 1992					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT		

VS-11 REV. 7-92

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

270468

JAN 29 1993

ERROL J. MACKZUM
Auditor-Recorder

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jeanette Miller the 16th day of Feb. A.D., 19 93 at 11:39 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 3297.

FEE $10.00

Evelyn Biehn - County Clerk
By [signature]

Return: Jeanette Miller
12230 Avenida Alta Loma, Desert Hot Springs, Ca. 92240