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after recording return to:
Lorin E. Gerry Forsyth
20795 B Hansen Ave.
Nuevo, CA 92567

UTC 1396-6302

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

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) Elda	1B. MIDDLE Jane	1C. LAST (FAMILY) Forsyth	2A. DATE OF DEATH—MO. DAY, YR. November 13, 1992	2B. HOUR 1230	2C. SEX F
4. RACE Caucasian	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. December 16, 1922	7. AGE IN YEARS 69	8. UNDER 1 YEAR MONTHS DAYS	9. UNDER 24 HOURS HOURS MINUTES
8. STATE OF BIRTH IN	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Clyde Soots	10B. STATE OF BIRTH IN	11A. FULL MAIDEN NAME OF MOTHER Hazel Beckelheimer	11B. STATE OF BIRTH IN
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 561-26-5642	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Lorin Forsyth	16. YEARS IN OCCUPATION 51	17. EDUCATION—YEARS COMPLETED 12
18A. USUAL OCCUPATION Homemaker	18B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home	18C. USUAL EMPLOYER Self Employed	18D. YEARS IN OCCUPATION 51	18E. EDUCATION—YEARS COMPLETED 12	18F. ZIP CODE 92567
19A. RESIDENCE—STREET AND NUMBER OR LOCATION 20651 6th St.	19B. CITY Nuevo	19C. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Lorin Forsyth - Husband 20651 6th St. Nuevo, CA 92567	21. TIME INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 20651 6th St.	19E. CITY Nuevo	23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Small Cell Lung Cancer DUE TO (B) DUE TO (C)	26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER [Signature] M.D.	27C. CERTIFIER'S LICENSE NUMBER G55989	27D. DATE SIGNED 11-16-92	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 10-19-92	27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 11-6-92	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Stanley D. Schinke, MD 301 N. San Jacinto St., Hemet, CA 92543	28B. DATE SIGNED	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY
30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)
34A. DISPOSITION(S) CR/BU	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Riverside National Cemetery 22495 Van Buren, Riverside, CA	34C. DATE MO. DAY, YEAR Nov. 19, 1992	35A. SIGNATURE OF EMBALMER Not Embalmed	35B. LICENSE NUMBER None	36. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Miller-Jones Mortuary & Crematory
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Miller-Jones Mortuary & Crematory	36B. LICENSE NO. FD-1490	37. SIGNATURE OF LOCAL REGISTRAR [Signature]	38. REGISTRATION DATE NOV 18 1992	39. CENSUS TRACT	40. STATE REGISTRAR

357351

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

CERTIFIED COPY OF VITAL RECORDS

NOV 20 1992
DATE ISSUED

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.

[Signature]
Acting Director

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 Mountain Title Co the 4th day
of May A.D., 19 93 at 11:23 o'clock A.M., and duly recorded in Vol. M93
of Deeds on Page 9756

FEE \$10.00

Evelyn Biehn County Clerk

By [Signature]