CERTIFICATION OF VITAL RECORD

10-15-93A11:21 RCVD

COUNTY OF RIVERSIDE

69616

RIVERSIDE, CALIFORNIA Vol. M93 Page 26705

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER 392330081 21

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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
ROGER	MARKS	SUTTON	NOVEMBER 16, 1992	2010	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	JANUARY 2, 1932	60		

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
AZ	USA	ANDREW SUTTON	AR	LADY MAE BOSWELL	AR

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 51 TO 19 55 ☐ NONE	527-36-9106	MARRIED	CHARLENE MAE HETTICK

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
05 PRINTER	PRINTING	SELF EMPLOYED	40	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
3663 BUCHANAN #30	RIVERSIDE	92503

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	18	CALIFORNIA	CHARLENE M. SUTTON (WIFE) 3663 BUCHANAN #30 RIVERSIDE, CA 92503

PLACE OF DEATH 11 15.01

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	IP	RIVERSIDE

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
3865 JACKSON STREET	RIVERSIDE

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
IMMEDIATE CAUSE	(A) RESPIRATORY FAILURE	1 MINUTE
DUE TO	(B) ADVANCED SQUAMOUS CELL CANCER OF LUNG	MONTHS
DUE TO	(C)	

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER

23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

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: MULTIPLE MYELOMA

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: LAMINECTOMY 12/7/1991

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.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
12/9/91	11/16/92	Dennis Hilliard M.D.	G033679	11/17/92

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: DENNIS HILLIARD, M.D. 3975 JACKSON STREET #301 - RIVERSIDE, CA

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—specify 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

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)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/RES	RES:CHARLENE M. SUTTON (WIFE) 3663 BUCHANAN #30 RIVERSIDE, CA (RIV. CO.)	11/18/92	NOT EMBALMED	NONE

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
NEPTUNE SOCIETY RIVERSIDE, CA	F-1307	Kate B. Spark, Jr.	NOV. 18, 1992

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
			16			40900

1 (REV. 7-91)

416324

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } ss

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED AUG 05 1993

Bradley E. Gilbert M.D.
Director, Health Services

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 Charlene Sutton the 13th day of Oct A.D., 19 93 at 11:21 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 26705.

Evelyn Biehn -County Clerk
By Darlene Wilkerson

FEE $10.00

Return: Charlene Sutton, 34285 Elde St.
Chiloquin, Or. 97624