CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

1901

RIVERSIDE, CALIFORNIA
11-29-93A09:20 RCVD

Volume 3 Page 31342

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER | 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
CLARENCE	ALBERT	HUMBLE	11/15/1993	0650	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 ____ X No	11/18/1902	90				

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	Albert Humble	Unk.	Annie Elizabeth Coad	England

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ X NONE	542-44-4066	Widowed	None

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Lawyer	Law	Self Employed	45	17

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1330 Pacific Terrace	Klamath Falls	97601

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Klamath	63	OR	Sarah Humble - Daughter 3010 N. Highland #9 Tacoma, WA 98407

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY DIAG. IP, ER/OP, DOA	19C. COUNTY
Eisenhower Medical Center	IP	Riverside

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER (MEDICAL EXAMINER)
39000 Bob Hope Drive	Rancho Mirage		___ Yes X No

CAUSE OF DEATH

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

			23. WAS AUTOPSY PERFORMED
IMMEDIATE CAUSE	(A) Cardiac Arrest	Mins	___ Yes X No
DUE TO	(B) Congestive Heart Failure	1 Week	24A. WAS AUTOPSY PERFORMED ___ Yes X No
DUE TO	(C) Arteriosclerotic Heart Disease	5 Yrs	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.
Bronchitis	No

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 AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
	Robert T. Rottschaefer MD	A12387	11/15/1993

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
02/27/1980	11/14/1993	Robert T. Rottschaefer MD. 73-833 El Paseo, Palm Desert, CA 92260

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. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
TR/BU	Klamath Memorial Cemetery, Klamath Falls, OR.	11/18/1993	David Holcomb	7371

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Palm Springs Mortuary at Cath. City	FD 1513	Bradley P. Dilbeck MD	NOV 17 1993

STATE REGISTRAR

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

VS-11 (REV. 7-92) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

439638

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } ss

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED NOV 22 1993

Bradley P. Dilbeck MD
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

Code 16.09 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 _____ the 29th day of November A.D., 19 93 at 9:20 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 31342.

Evelyn Biehn County Clerk
By _____

FEE $10.00