Aspen #03040818

72249

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

Vol M93 Page 32140
3318 2987

STATE FILE NUMBER

12-03-93A10:06 RCVD

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
ROY	C HARLES	OLSON	July 25, 1976	1:30 P.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	Iowa	May 28, 1906	70 YEARS	DAYS	HR. MIN.

8. NAME AND BIRTHPLACE OF FATHER: Charles Olson — Sweden

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Hulda Johnson — Sweden

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	557-10-8578A	Married	Wava Hudson

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Lather	18	Local # 440	Construction

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Riverside General Hospital	9851 Magnolia Avenue	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Riverside	Riverside	1½ YEARS	41 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
33061 Adelfa	no	Wava Olson 33061 Adelfa Elsinore, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Elsinore	Riverside	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (INVESTIGATION OR INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED

FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
07/23/76	07/25/76	07/25/76

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: [signature]

21d. DATE SIGNED: 7/26/76

21e. ADDRESS: I. Trenkle, M.D. 9851 Magnolia, Riverside

21f. LICENSE NUMBER: G-27162

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER (SIGNATURE OF BODY EMBALMED) LICENSE NUMBER
Burial	July 29 1976	Elsinore Valley Cemetery Elsinore, California	J. Rasmussen 2567

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE: Gerrold L. Meaton M.D.	28. DATE RECEIVED BY LOCAL REGISTRAR
EVANS BROWN MORTUARY Elsinore, California	No		JUL 30 1976

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (A) Massive gastrointestinal bleed

DUE TO, OR AS A CONSEQUENCE OF (B) Esophogeal varices ruptured

DUE TO, OR AS A CONSEQUENCE OF (C) Cirrhosis -- alcoholic

APPROX. INTERVAL BETWEEN ONSET AND DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART II: Small meningioma- (non contributing)

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No

32a. AUTOPSY (SPECIFY YES OR NO): Yes

32b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES

38. WERE LABORATORY TESTS DONE FOR ALCOHOL OR TOXIC CHEMICALS? (SPECIFY YES OR NO)

39. WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF INJURY? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
* * * * * * *	* * * * * * *	This must be in red to be a "CERTIFIED COPY"	* * * *	* * * * * * *	* * * * * * *

VS 11 (9 73)

AFTER RECORDING RETURN TO:
Charles L. Olson
2020 Oakland Hills Dr.
Corona, CA 91720

RIVERSIDE COUNTY HEALTH DEPARTMENT

Date of Amendments, if any _____

I hereby certify that this a true and correct copy of a certificate on file in the Riverside County Health Department, if the words "CERTIFIED COPY" are in red.

Gerrold L. Meaton, M.D.
Director of Public Health

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE, CAL.

JUL 30 1976

VS 4 5/74

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 3rd day of Dec. A.D., 19 93 at 10:06 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 32140.

FEE $10.00

Evelyn Biehn County Clerk
By [signature]