

72609

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

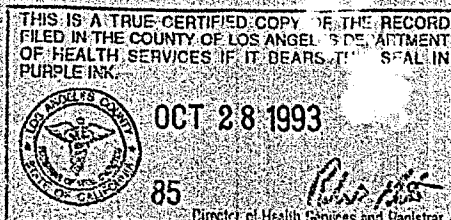
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STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Ronald		Lee	Geissler	2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 2C. SEX	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		01/01/1943		50	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
Ill.		USA		Carl Geissler		Ill.	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
19 To 19 <input checked="" type="checkbox"/> NONE		507-56-6097		Married		Vicky Comstock	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		17. EDUCATION—YEARS COMPLETED	
Owner		Tire Shop		Self Employed		25	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE			
6453 Buckhorn		Alta Loma		91701			
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
Pomona Valley Hospital Medical Center		IP		Los Angeles		Ricky Geissler, Son 7977 Spinel Ave. Rancho Cucamonga, Ca 91730	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER	
1798 N. Garey Ave.		Pomona		IMMEDIATE CAUSE (A) Malignant Brain Tumor Glioblastoma Multiforme		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DUE TO (B)		23. WAS BIOPSY PERFORMED?	
				DUE TO (C)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				24. WAS AUTOPSY PERFORMED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CAUSE IN 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
				None		Craniotomy & Debulking of Tumor	
27A. SIGNATURE (AND DEGREE OR TITLE OF CERTIFIER)		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED	
<i>[Signature]</i>		Lew B. Disney, M.D. 160 E. Artesia, #360, Pomona, Ca		A049362		10/19/1993	
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 <input type="checkbox"/> YES <input 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		34B. PLACE OF FINAL DISPOSITION, NAME AND ADDRESS	
				BU		Bellevue Mem. Park, 1240 West "G" St., Ontario, Ca	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE	
Stone Pierce Bros. Mortuary		F 272		<i>[Signature]</i>		7840	
39. STATE REGISTRAR		40. CENSUS TRACT		41. OCT 20 1993			
A		B		C		D	
E		F		G		H	

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return: Mountain Title Co.



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_  
of December A.D. 19 93 at 10:39 o'clock A M., and duly recorded in Vol. M93  
of Deeds on Page 32891

FEE \$10.00

County Clerk -  
By Evelyn Biehn *[Signature]*  
Sandra Mullenbore