73735

12-30-93A11:35 RCVD

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MTC 3188D-KP

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER: 3600 05115

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Edward	(NMN)	FRIEDMANN	JULY 18, 1987	0655

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: DAYS	IF UNDER 24 HOURS: MINUTES
Male	Cau/American	NO	July 17, 1910	77 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
NY	Ignatz Friedmann - Hungary	Theresa Angelica - Italy

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19-- TO 19--	100-03-1929	Married	Ruth Athey

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Electronic Engineer	30	Naval Ordinance Lab	Missel Manufacturing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
26800 Fairleigh Way		Hemet

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Riverside	CA	Ruth A. Friedmann - Wife 26800 Fairleigh Way Hemet, CA 92344

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
KAISER FOUNDATION HOSPITAL	SAN BERNARDINO

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
9961 SIERRA AVENUE	FONTANA

CAUSE OF DEATH

22. 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, STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CARDIOPULMONARY ARREST	10 MINS
(B) DUE TO, OR AS A CONSEQUENCE OF	CONGESTIVE HEART FAILURE	4 DAYS
(C) DUE TO, OR AS A CONSEQUENCE OF	CHRONIC CARDIOMYOPATHY	2 YRS.

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: LEFT KIDNEY CARCINOMA

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
7-11-87	7-18-87	Ronald Maxson	7-20-87	G 4866

28E. TYPE PHYSICIAN'S NAME (MO.) AND ADDRESS: RONALD MAXSON M.D. 9961 SIERRA FONTANA CA. 92335

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	July 21, 1987	Riverside National Cemetery 22492 Van Buren Ave. Riverside, CA	7446

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR'S SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
McWane Family Funeral Home	998	George R. Pettersen M.D.	JUL 21 1987

STATE REGISTRAR

A. 9-7-93	B.	C.	D.	E.	F. 4254

* *

This must be in red to be a "CERTIFIED COPY"

Upon recording return original to: Ruth A. Friedmann
41026 Beachwood Ave.
Hemet, CA 92544

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

George R. Pettersen M.D.

GEORGE R. PETTERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 30th day of Dec. A.D., 19 93 at 11:35 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 35439

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $10.00