

73735

12-30-93A11-35 RCVD

Vol. m93 Page 35439

MTL 3188D-KA
CERTIFICATE OF DEATH
 STATE OF CALIFORNIA

3600

05115

STATE FILE NUMBER		11C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		2A. DATE OF DEATH MONTH, DAY, YEAR 12B. HOUR	
Edward		(NMN)		JULY 18, 1987 0655	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
Male		Cau/American		NO	
6. 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	
USA		19-- TO 19--		100-03-1929	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME		15. KIND OF INDUSTRY OR BUSINESS	
Married		Ruth Athey		Missel Manufacturing	
16. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. NUMBER OF YEARS THIS OCCUPATION	
Electronic Engineer		Naval Ordnance Lab		30	
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	
21A. PLACE OF DEATH		21B. COUNTY		26800 Fairleigh Way	
KAISER FOUNDATION HOSPITAL		SAN BERNARDINO		Hemet, CA 92344	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
9961 SIERRA AVENUE		FONTANA			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) CARDIOPULMONARY ARREST		10 MINS		NO	
(B) DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE		4 DAYS		25. WAS MORTUARY PERFORMED?	
(C) DUE TO, OR AS A CONSEQUENCE OF CHRONIC CARDIOMYOPATHY		2 YRS.		NO	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
LEFT KIDNEY CARCINOMA		NO			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED 28D. PHYSICIAN'S LICENSE NUMBER	
7-11-87		Ronald Maxson M.D.		3-17-20-87 G 4866	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
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	
Burial		July 21, 1987		Riverside National Cemetery	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR'S SIGNATURE	
McWane Family Funeral Home		998		George R. Pettersen M.D.	
STATE REGISTRAR		A. 9-735		B. C. D. E. F.	
				42541	

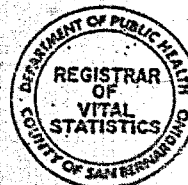
This must be in red to be a
 "CERTIFIED COPY"

Upon recording return original
 to: Ruth A. Friedmann

41026 Beachwood Ave.
 Hemet, CA 92344

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



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
 By Pauline Mueller

County Clerk

FEE \$10.00