# County of San Bernardino

6686

DIVISION OF VITAL RECORDS Vol. M95 Page 26002

222 WEST HOSPITALITY LANE, SAN BERNARDINO, CALIFORNIA 92415-0022

09-26-95A11:37 RCVD

MTC362178W

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER 39136006909

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

1A. NAME OF DECEDENT—FIRST (GIVEN): John
1B. MIDDLE: Morrill
1C. LAST (FAMILY): Hill
2A. DATE OF DEATH—MO., DAY, YR: September 4, 1991
2B. HOUR: 0741
3. SEX: M
4. RACE: White
5. HISPANIC—SPECIFY: Yes ___ No X
6. DATE OF BIRTH—MO., DAY, YR: December 3, 1909
7. AGE IN YEARS: 81
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: MA
9. CITIZEN OF WHAT COUNTRY: USA
10A. FULL NAME OF FATHER: Unknown
10B. STATE OF BIRTH: Unknown
11A. FULL MAIDEN NAME OF MOTHER: Pearl Unkown
11B. STATE OF BIRTH: NY
12. MILITARY SERVICE? 19 41 TO 19 45 None
13. SOCIAL SECURITY NO.: 001-10-1942
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Lena Virginia Hooper
16A. USUAL OCCUPATION: Electrical Engineer
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Oil Production
16C. USUAL EMPLOYER: Mobil Oil
16D. YEARS IN OCCUPATION: 40
17. EDUCATION—YEARS COMPLETED: 14

**USUAL RESIDENCE**

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 14000 El Evado Sp. 61
18B. CITY: Victorville
18C. ZIP CODE: 92392
18D. COUNTY: San Bernaridno
18E. NUMBER OF YEARS IN THE COUNTY: 26
18F. STATE OR FOREIGN COUNTRY: CA
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Virginia Hill - Wife 14000 El Evado Sp. 61 Victorville, CA 92392

**PLACE OF DEATH**

19A. PLACE OF DEATH: Victor Valley Community Hosp.
19B. IF HOSPITAL, S... OR OTHER: ER/OB
19C. COUNTY: San Bernardino
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 15248 Eleventh St.
19E. CITY: Victorville
TIME INTERVAL BET. ITEM ONSET S. AND DEATH
22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER: X YES 91-4503GR ___ NO

**CAUSE OF DEATH**

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
IMMEDIATE CAUSE (A): Arteriosclerotic Heart Disease
DUE TO (B):
DUE TO (C):
Years
23. WAS BIOPSY PERFORMED? ___ YES X NO
24A. WAS AUTOPSY PERFORMED? ___ YES X NO
24D. WAS IT USED IN DETERMINING CAUSE OF DEATH? ___ YES ___ NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 21: Hypertension; Diabetes, Type II
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? No
IF YES, LIST TYPE OF OPERATION AND DATE.

**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.
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR
DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER
27C. CERTIFIER'S LICENSE NUMBER
27D. DATE SIGNED
27E. TYPED ATTENDING PHYSICIAN'S NAME AND ADDRESS

**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: Deputy Coroner
28B. DATE SIGNED: 1-5-91
29. MANNER OF DEATH—(natural, accident, suicide, homicide, pending investigation or could not be determined): Natural
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): CR/BU
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Riverside National Cemetery 22495 Van Buren, Riverside, CA
34C. DATE MO, DAY, YEAR: 9/6/91
35A. SIGNATURE OF EMBALMER: Not Embalmed
35B. LICENSE NUMBER: None
36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Kern Memorial Chapel
36B. LICENSE NO.: FD 1094
37. SIGNATURE OF LOCAL REGISTRAR: G.R. Pettersen, MD by/ M
38. REGISTRATION DATE: September 5, 1991

**STATE REGISTRAR**

A. ___ B. ___ C. ___ D. ___ E. ___ F. ___
CENSUS TRACT: 0990

FD-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

346228

SEP 22 1995

ERROL J. MACKZUM
Auditor-Recorder

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Co the 26th day of Sept A.D., 19 95 at 11:37 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 26002

FEE $10.00
Ret: Mountain Title Co

Bernetha G. Letsch, County Clerk
By Lynette Lindsay