CERTIFICATION OF VITAL RECORD

10-04-95P03:14 RCVD

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

7125 Vol. M95 Page 26838

K-36601

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| STATE FILE NUMBER | 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2A. DATE OF DEATH—MONTH, DAY, YEAR | 2B. HOUR | 3. SEX | | | |
| | Helen | G. | Adams | March 5, 1989 | 1440 | F | | | |
| | 4. RACE | 5. SPANISH/HISPANIC ☐ YES ☒ NO SPECIFY | 6. DATE OF BIRTH—MONTH, DAY, YEAR | 7. AGE IN YEARS | IF UNDER 1 YEAR MONTHS | DAYS | IF UNDER 24 HOURS HOURS | MINUTES | |
| | White | | August 1, 1908 | 80 | | | | | |
| DECEDENT PERSONAL DATA | 8. STATE OF BIRTH | 9. CITIZEN OF WHAT COUNTRY | 10A. FULL NAME OF FATHER | 10B. STATE OF BIRTH | 11A. FULL MAIDEN NAME OF MOTHER | 11B. STATE OF BIRTH | | | |
| | MI | U.S.A. | Albert Bacon | WI | Helen Ward | MI | | | |
| | 12. MILITARY SERVICE? 19 ___ TO 19 ___ ☒ NONE | 13. SOCIAL SECURITY NUMBER | 14. MARITAL STATUS | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) | | | | | |
| | | 558-03-0737 | Widowed | - - | | | | | |
| | 16A. USUAL OCCUPATION | 16B. USUAL KIND OF BUSINESS OR INDUSTRY | 16C. USUAL EMPLOYER | 16D. YEARS IN USUAL OCCUPATION | 17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+) | | | | |
| | Homemaker | Own Home | Self | 40 | 16 | | | | |
| USUAL RESIDENCE | 18A. RESIDENCE—STREET AND NUMBER OR LOCATION | | | 18B. CITY | 18C. ZIP CODE | | | | |
| | 27263 Highway 189 | | | Blue Jay | 92317 | | | | |
| | 18D. COUNTY | 18E. NUMBER OF YEARS IN THIS COUNTY | 18F. STATE OR FOREIGN COUNTRY | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT | | | | | |
| | San Bernardino | 11 | CA | Lawrence L. Snyder - Son<br>953 West Marshall Blvd.<br>San Bernardino, CA 92405 | | | | | |
| PLACE OF DEATH | 19A. PLACE OF DEATH | 19B. IF HOSPITAL, SPECIFY: ONE IP, ER/OP, DOA | 19C. COUNTY | TIME INTERVAL BETWEEN ONSET AND DEATH | 22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER | | | | |
| | Del Rosa Villa | | San Bernardino | | | | | | |
| | 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION | 19E. CITY | | | 23. WAS SURGERY PERFORMED? ☐ YES ☒ NO | | | | |
| | 2018 Del Rosa | San Bernardino | | | | | | | |
| CAUSE OF DEATH | 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. TYPE OR PRINT) | | | | 24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO | | | | |
| | IMMEDIATE CAUSE (A): CARDIAC ARREST | | | SEC | | | | | |
| | DUE TO (B): ARTERIOSCLEROTIC HEART DISEASE | | | YRS | 24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO | | | | |
| | DUE TO (C): | | | | | | | | |
| | 25B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22 | | | 25A. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 22? MONTH, DAY, YEAR | | | | | |
| | CEREBRAL INFARCTION, PNEUMONIA | | | NO | | | | | |
| PHYSICIAN'S CERTIFICATION | I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN | | | | 27B. PHYSICIAN'S LICENSE NUMBER | 27C. DATE SIGNED | | | |
| | I CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED FROM THE CAUSES STATED. | | | | A30897 | MAR 9 | | | |
| | 27D. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR) | DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR) | 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS | | | | | | |
| | DEC 12, 1988 | MAR 5, 1989 | William A. Rees 390 E. Highland, San Bernardino, CA | | | | | | |
| | I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | 28A. SIGNATURE OF CORONER OR DEPUTY CORONER | | | 28B. DATE SIGNED | | | | |
| CORONER'S USE ONLY | 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 ☐ 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 | 34B. PLACE OF FINAL DISPOSITION | 34C. DATE OF DISPOSITION MONTH, DAY, YEAR | 35A. SIGNATURE OF EMBALMER | 35B. LICENSE NUMBER | | | | |
| | TR/BU | Riverview Abby Mausoleum 0319 S.W. Taylors Ferry Rd. Portland, OR | Mar.10,1989 | | 7746 | | | | |
| | 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 36B. LICENSE NO. | 37. SIGNATURE OF LOCAL REGISTRAR | | 38. REGISTRATION DATE | | | | |
| | Bobbitt Memorial Chapel, Inc. | 1133 | G. R. Pettersen MD | | Mar. 8, 1989 | | | | |
| STATE REGISTRAR | A. 6-3-13 | B. | C. | D. | E. | F. | CENSUS TRACT 1010 4140 | | |

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CS-11 (REV. 1-89)

CERTIFIED COPY OF VITAL RECORDS

041571

DATE ISSUED: MAR 1 3 1989

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

George R. Pettersen M.D.
GEORGE R. PETTERSEN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Return to Mike Adams
125 SW 243rd Avenue
Hillsboro, OR 97123

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title Company the 4th day of October A.D., 19 95 at 3:14 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 26838.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE $10.00