

COUNTY of SAN BERNARDINO

7636

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

Vol. m95 Page 28065

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—MO. DAY, YR.		2B. HOUR	3. SEX
		Dortha		Marie	Van Orden	May 1, 1991		0600	F
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	IF UNDER 1 YEAR IF UNDER 24 HOURS		
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		September 21, 1922		68			
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	
	OK	USA	William Wesley Chapman		TX	Willie Mae Henderson		OK	
	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		547-22-8028		Married		Samuel Ronald Van Orden			
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
Homemaker		Own Home		Self		40		8	
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION					18B. CITY		18C. ZIP CODE	
	Route 1 Box 439					Bonanza		97623	
PLACE OF DEATH	18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		
	Klamath		2		Oregon		Samuel Ronald Van Orden—Husband Route 1 Box 439 Bonanza, Oregon 97623		
CAUSE OF DEATH	19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		
	Residence				San Bernardino		X YES 91-223510 <input type="checkbox"/> NO		
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS BIOPSY PERFORMED?		
3479 N. Sierra Way		San Bernardino				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					23. WAS BIOPSY PERFORMED?		24A. WAS AUTOPSY PERFORMED?	
	IMMEDIATE CAUSE (A) Congestive heart failure					Years		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (B) Atherosclerosis					Years		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)							24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.				
COPD					No				
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.				27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED
	27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR				27E. TYPE 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		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		30C. DATE OF INJURY MONTH, DAY, YEAR
Natural						<input type="checkbox"/> YES <input type="checkbox"/> NO		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
GENERAL REGISTAR AND LOCAL REGISTAR	34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
	CR/TR		Residence, Route 1 Box 439, Bonanza, Oregon 97623		May 6, 1991		Not Embalmed		None
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
McNearney-Pierce Brothers		FD 606		George R. Pettersen, M.D.		May 2, 1991			
STATE REGISTRAR	A. 1-5-6	B.	C.	D.	E.	F.	CENSUS TRACT		

1 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY OF VITAL RECORDS

226758

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

} ss

DATE ISSUED MAY 06 1991

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.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 16th day of October A.D., 19 95 at 1:23 o'clock P.M., and duly recorded in Vol. M95 of Deeds on Page 28065.

Bernetha G. Letsch, County Clerk

FEE \$10.00
Ret: Samuel Van Orden, 27830 Petersteiner Rd
Bonanza, OR 97623

By Pauline M. Henderson