10-20-95P03:12 RCVD

COUNTY OF RIVERSIDE

7943

RIVERSIDE, CALIFORNIA Vol M95 Page 28728

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY. NO BRASHES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
BONNIE	JEAN	WHITTEMORE

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
09/13/1929	64			F	05/25/1994	1140

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
IA	513-28-2674	19 ___ TO 19 ___ [X] NONE	MAR.	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	[ ] YES ____ [X] NO	NORTHS CHUCKWAGON

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
PROPRIETER	RESTAURANTS	22

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION					
112 VIA VAL VERDE					
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY	
CATHEDRAL CITY	RIVERSIDE	92234	1	CA	

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
CHARLES D. WHITTEMORE, SPOUSE	P.O. BOX 634, KLAMATH FALLS, OR 97601

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
CHARLES	DOUGLAS	WHITTEMORE	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
WILLIAM	-	NOYES	IA
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
LENA	-	UNKNOWN	IA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
05/29/1994	3 MILES OFF THE COAST OF SAN PEDRO, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/SEA	▶ NOT EMBALMED	-
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR OR**	**47. DATE MM/DD/CCYY**
PALM SPRINGS MORTUARY, CATHEDRAL CITY	FD 1513	▶ Bradley P. Gilbert M.D.	05/27/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
EISENHOWER MEDICAL CENTER	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [ ] OTHER	RIVERSIDE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
39 000 BOB HOPE DRIVE,			RANCHO MIRAGE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CARCINOMA ESOPHAGUS	3 months
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: None

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
2.3.94	5.24.94

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ ____, MD | 116. LICENSE NO.: A-33737 | 117. DATE MM/DD/CCYY: 5.26.94

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: SEBASTIAN GEORGE M.D., 39 000 BOB HOPE DR.,#P317,RANCHO MIRAGE, CA 92270

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK: [ ] YES [ ] NO | 121. INJURY DATE MM/DD/CCYY | 122. HOUR | 123. PLACE OF INJURY

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

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER | 127. DATE MM/DD/CCYY | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

486606 CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE }

D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
	DATE ISSUED					44902

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health

06/08/1994 Bradley P. Gilbert M.D. Director, Health Services. Local Registrar RIVERSIDE COUNTY, CALIFORNIA

$10.00 CK

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

DEPARTMENT OF HEALTH REGISTRAR OF VITAL STATISTICS COUNTY OF RIVERSIDE

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Charles D. Whittemore Sr. the 20th day of October A.D., 19 95 at 3:12 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 28728.

Bernetha G. Letsch, County Clerk

FEE $10.00

Return: Charles Whittemore Jr. By Bernetha Mueller
P.O. Box 634
Klamath Falls, OR 97601