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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
NOLA	LOLITA	RHODES	June 21, 1987	1250

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Female	White	NO [X]	April 22, 1925	62 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CA	Edgar Hagler MO	Irene Moore MO

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19 n a TO 19 n a	561-29-2873	Married	Donald Rhodes

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Corporate Treasurer	15	American Distributing Co.	Wholesale Supplies

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3587 Mt. Rubidoux Dr.	30200	Riverside

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Riverside	CA	Donald Rhodes -- Husband 3587 Mt. Rubidoux Dr. Riverside, CA 92501

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
At Home	Riverside	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
3587 Mt. Rubidoux Dr.	Riverside	

CAUSE OF DEATH

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Respiratory Failure	6/16/87
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (B) Ovarian Cancer	6/1/85
	DUE TO, OR AS A CONSEQUENCE OF (C)	

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
Yes 87M762	No	No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: none

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE: 8-19-85
27A. TYPE OF OPERATION: Total abdominal hysterectomy Bilateral Salpino oophorectomy

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
3/1/87	6/16/87	Suzanne Bergen MD	6/24/87	G55234

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Suzanne Bergen, 101 City Drive, Orange, CA

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Entombment	June 25,1987	Montecito Memorial Park, San Bdno. CA	4629

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Mark B. Shaw Company, Inc.	406		JUN 25 1987

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

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

JUN 26 1987

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Callaghey M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH * REGISTRAR OF VITAL STATISTICS * COUNTY OF RIVERSIDE, CAL.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Richard Ebbert the March day of 5th A.D., 19 96 at 10:46 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 5984.

Bernetha G. Letsch, County Clerk

RETURN: Richard Ebbert
1901 Ave of the Stares, suite 780
Los Angeles, Ca 90067

FEE $10.00

By _____