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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
ROBERT	EDWIN	JONES

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
09/30/1926	69					MALE	01/19/1996	0715

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
CALIFORNIA	570-30-0212	19 ___ TO 19___ ☐ NONE	MARRIED	16

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUC.	☐ YES _____ ☒ NO	CITY OF PICO RIVERA

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
PARKS & RECREATION DIRECTOR	CITY GOVERNMENT	15

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 6023 MILTON AVE.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
WHITTIER	LOS ANGELES	90601	45	CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
LORI BIERL, DAUGHTER	6236 ACACIA AVE.,WHITTIER, CA 90601

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
SHIRLEY	B.	BARLOW	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
JASPER	E.	JONES	OHIO
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
LAURA	J.	CLAYTON	OKLAHOMA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
01/24/1996	KLAMATH FALLS MEM'L. PK.: 2680 MEMORIAL DR., KLAMATH FALLS, OREGON

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
TR/BU	▶ George W. Peirce	5231
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**
LANIER & RICHARDSON	FD775	▶ Robert A. Ritz

47. DATE MM/DD/CCYY: 01/22/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
PRESBYTERIAN INTERCOM. HOSP.	☒ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP. ☐ RES. ☐ OTHER	LOS ANGELES

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 12401 E. WASHINGTON BLVD.

106. CITY: WHITTIER

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) CARDIOPULMONARY ARREST	10 MINS
DUE TO	(B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	40 YRS
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: POLYCYTHEMIA VERA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

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: 08/--/1992 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 01/15/1996

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature]

116. LICENSE NO.	117. DATE MM/DD/CCYY
G068916	01/22/1996

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: A.MENDEZ, MD: 15725 E. WHITTIER BLVD.,WHITTIER, CA 90603

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	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

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	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

MAR 20 A10:41 '96

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES STATE OF CALIFORNIA

JAN 22 1996

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Director of Health Services and Registrar

7491

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Shirley Jones the 20th day of March A.D., 19 96 at 10:41 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 7490.

Bernetha G. Letsch, County Clerk

FEE $15.00

Return: Shirley Jones
6023 Milton Avenue
Whittier, California 90601-

By