

15190

CERTIFICATE OF DEATH

39533009542

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA P137 MAR 92	1. NAME OF DECEDENT—FIRST (GIVEN) HARRY		2. MIDDLE HENDERSON		3. LAST (FAMILY) GIBBS	
	4. DATE OF BIRTH MM/DD/CCYY 08/29/1942		5. AGE YRS. 53		6. SEX M	
	9. STATE OF BIRTH VA		10. SOCIAL SECURITY NO. 229-50-7976		12. MARITAL STATUS Married	
	14. RACE White		15. HISPANIC—SPECIFY ☐ YES ☒ NO		16. USUAL EMPLOYER METROPOLITAN WATER DIST.	
USUAL RESIDENCE	17. OCCUPATION MAINTENANCE MECHANIC		18. KIND OF BUSINESS WATER		19. YEARS IN OCCUPATION 30	
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 40557 MAYBERRY AVE.					
INFORMANT	21. CITY HEMET		22. COUNTY RIVERSIDE		23. ZIP CODE 92544	
	24. YRS IN COUNTY 12		25. STATE OR FOREIGN COUNTRY California			
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP BARBARA W. GIBBS—WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 40557 MAYBERRY AVE. HEMET, CA 92544			
	28. NAME OF SURVIVING SPOUSE—FIRST BARBARA		29. MIDDLE W.		30. LAST (MAIDEN NAME) WOODWORTH	
	31. NAME OF FATHER—FIRST HENDERSON		32. MIDDLE —		33. LAST GIBBS	
	34. BIRTH STATE VA		35. NAME OF MOTHER—FIRST ALICE		36. MIDDLE —	
DISPOSITION(S)	37. DATE MM/DD/CCYY 12/05/1995		38. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN, RIVERSIDE, CA			
	41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT ENBALMED		43. LICENSE NO. —	
FUNERAL DIRECTOR AND LOCAL R2016/7/94R	44. NAME OF FUNERAL DIRECTOR MILLER-JONES MORTUARY INC.		45. LICENSE NO. FD 1286		46. SIGNATURE OF LOCAL REGISTRAR <i>Franky P. [Signature]</i>	
	47. DATE MM/DD/CCYY 12/01/1995					
PLACE OF DEATH	101. PLACE OF DEATH RAMONA MANOR CONV. HOSP.		102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA ☒ CONV. HOSP. ☐ RES. ☐ OTHER		104. COUNTY RIVERSIDE	
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 485 W. JOHNSTON AVE.		106. CITY HEMET			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH MINUTES		108. DEATH REPORTED TO CORONER ☐ YES ☒ NO REFERRAL NUMBER	
	DUE TO (B) BRAIN TUMOR MALIGNANT		WEEKS		109.opsy PERFORMED ☐ YES ☒ NO	
	DUE TO (C) LUNG TUMOR MALIGNANT		WEEKS		110. AUTOPSY PERFORMED ☐ YES ☒ NO	
	DUE TO (D)				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 NO						
PHYSICIAN'S CERTIFICA- TION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED OCCIDENT ATTENDED SINCE MM/DD/CCYY 02/07/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A053334	
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY 11/28/1995		117. DATE MM/DD/CCYY 11/29/1995			
CORONER'S USE ONLY	118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. AFTER ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP ABDUL FARZIN, MD, 361 N. SAN JACINTO "A", HEMET, CA 92543			
	119. MANNER OF DEATH ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENALTY ☐ MISADVENTURE ☐ *SHOULD 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 PRECEDED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR						
FAX AUTH. #						
CENSUS TRACT 43401						

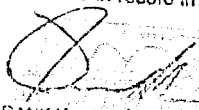
BCK

NYCT 1999010V

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

Each document to which this certificate
is attached is certified to be a full,
true and correct copy of the original
on file and of record in my office.



FRANK K. JOHNSON, COUNTY RECORDER
County of Riverside, State of California

JAN 26 1996



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of David Gibbs
of March A.D., 19 96 at 1:37 o'clock P. M., and duly recorded in Vol. M96
of Deeds on Page 7971

By Bernetha G. Letsch, County Clerk
Cheryl Sussler

FEE \$15.00