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15190

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 REV. 7/93

39533009542

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
HARRY	HENDERSON	GIBBS

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
08/29/1942	53					M	11/28/1995	0625

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
VA	229-50-7976	19 ___ TO 19 ___ ☐ NONE	Married	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	☐ YES _____ ☒ NO	METROPOLITAN WATER DIST.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
MAINTENANCE MECHANIC	WATER	30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 40557 MAYBERRY AVE.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
HEMET	RIVERSIDE	92544	12	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
BARBARA W. GIBBS—WIFE	40557 MAYBERRY AVE. HEMET, CA 92544

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
BARBARA	W.	WOODWORTH	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
HENDERSON	—	GIBBS	VA
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
ALICE	—	STRATON	VA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
12/05/1995	RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN, RIVERSIDE, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/BU	▶ NOT EMBALMED	—
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**
MILLER-JONES MORTUARY INC.	FD 1286	Bradley P. Dillon DD 43

47. DATE MM/DD/CCYY: 12/01/1995

PLACE OF DEATH

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

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
485 W. JOHNSTON AVE.	HEMET

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	MINUTES
DUE TO	(B) BRAIN TUMOR MALIGNANT	WEEKS
DUE TO	(C) LUNG TUMOR MALIGNANT	WEEKS
DUE TO	(D)	

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

109. AUTOPSY 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: NONE

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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
02/07/1995	11/28/1995

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ A. Farzin

116. LICENSE NO	117. DATE MM/DD/CCYY
A053334	11/29/1995

118. TYPED ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: ABDUL FARZIN, MD, 501 N. SAN JACINTO "A", HEMET, CA 92543

CORONER'S USE ONLY

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

120. 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
									43401

BCK

7972

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

Deputy

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of David Gibbs the 22nd day of March A.D., 19 96 at 1:37 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 7971.

FEE $15.00

Bernetha G. Letsch, County Clerk

By