

17466

COUNTY OF RIVERSIDE

Vol. 96 Page 12777

RIVERSIDE, CALIFORNIA CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLANK OR CHECKING BOXES, PRINTED OR ALTERNATE
VS-11 REV. 7/89

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (LAST)		2. MIDDLE	
Pansy		Luella	
3. LAST (FAMILY)		Zornes	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE YRS.	
03/04/1916		79	
6. SEX		7. DATE OF DEATH MM/DD/YYYY	
F		02/01/1996	
8. HOUR		1230	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
CA		562-20-5929	
11. MILITARY SERVICE		12. MARITAL STATUS	
None		Married	
13. EDUCATION—YEARS COMPLETED		8	
14. RACE		15. EMPLOYMENT—SPECIFY	
White		Self-employed	
16. OCCUPATION		17. YEARS IN OCCUPATION	
Homemaker		16	
18. RESIDENCE—STREET AND NUMBER OR LOCATION		19. YEARS IN RESIDENCE	
29115 Via Zapata		Own Home	
20. CITY		21. COUNTY	
Murrieta		Riverside	
22. ZIP CODE		23. TAX IN COUNTY	
92563		3	
24. STATE OR FOREIGN COUNTRY		25. DATE OF BIRTH	
CA		02/06/1996	
26. NAME, RELATIONSHIP		27. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWNSHIP, STATE, ZIP)	
Lovell Zornes (Husband)		29115 Via Zapata Murrieta, CA 92563	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	
Lowell		James	
30. LAST		Zornes	
31. NAME OF FATHER—FIRST		32. MIDDLE	
John		Honey	
33. LAST		Gray	
34. NAME OF MOTHER—FIRST		35. MIDDLE	
Georgia		Smith	
36. LAST		TX	
37. NAME OF MOTHER—LAST		TX	
38. DATE MM/DD/YYYY		39. PLACE OF FINAL DISPOSITION	
02/09/1996		Riverside National Cemetery	
40. TYPE OF DISPOSITION		41. SIGNATURE OF SIGNATURE	
CR/BU		Not Embalmed	
42. NAME OF FUNERAL DIRECTOR		43. LICENSE NO.	
Valley Funeral Home		FD 1541	
44. SIGNATURE OF LOCAL REGISTRAR		45. DATE MM/DD/YYYY	
R. P. Nelson M.D.		02/06/1996	
46. PLACE OF DEATH		47. COUNTY	
Residence		Riverside	
48. STREET ADDRESS—STREET AND NUMBER OR LOCATION		49. CITY	
29115 Via Zapata		Murrieta	
50. DEATH WAS CAUSED BY: SWIRE ONLY ONE CAUSE FOR LOW POW A, B, C, AND D		51. TIME INTERVAL BETWEEN DEATH AND REPORT TO CORONER	
IMMEDIATE CAUSE: (A) Respiratory Failure		Days	
DUE TO: (B) Bronchiectasis		Weeks	
DUE TO: (C) Chronic Obstructive Pulmonary Disease		Years	
DUE TO: (D) Tobacco Dependency		Years	
52. OTHER SIGNIFICANT CONTRIBUTING FACTORS TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 50		53. DEATH REPORTED TO CORONER	
Klebsiella Pneumonia, Aspergillus Pneumonia, Oral Candidiasis		Yes ☒ No ☐	
54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50 OR 51? IF YES, LAST TYPE OF OPERATION AND DATE		55. DEATH REPORTED TO CORONER	
Bronchoscopy with Biopsy and Bronchial Washings 01/24/1996		Yes ☒ No ☐	
56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED		57. SIGNATURE AND TITLE OF CORONER	
DECEASED ATTENDED SINCE DECEASED LAST BEEN ALIVE MM/DD/YYYY		0045382	
08/21/1992 01/31/1996		02/06/1996	
58. I CERTIFY THAT IN MY OFFICIAL DEATH RECORD AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED		59. SIGNATURE AND TITLE OF CORONER	
119. MANNER OF DEATH		0045382	
NATURAL ☐ SUICIDE ☐ HOMICIDE ☐		02/06/1996	
ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED ☐		02/06/1996	
120. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		121. SIGNATURE AND TITLE OF CORONER	
122. SIGNATURE OF CORONER OR DEPUTY CORONER		123. DATE MM/DD/YYYY	
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STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

DATE ISSUED

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.

08 / 1996

Franklin P. Nelson M.D.
Director, Health Services
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title the 3rd day
of May A.D., 19 96 at 3:56 o'clock p M., and duly recorded in Vol. 1996
of Deeds on Page 12777

FEE \$ 10.00

Return: Aspen Title & Escrow

By

Bernetha G. Leitch, County Clerk