	ASPEN 04049307 STATE OF CALIFORNIA			ΛÖ	LOCAL RESTRATION DISTRICT AND CERTIFICATE NUMBER			
	STATE FILE NUMBER	1B. MIDDLE	E BLACK INK ONLY					
	(GIVEN)	I G. MIDDLE	IC. EAST (FAIRLY)	2/	DATE OF D	EATHMO. DAY.	YE, 28 HOUR - S-A	
	Donna	Agnes	Porzelt	C	ctober	17. 1990	2225 F	
	4. RACE	5. HISPANICSPECIFY		BIRTHMD, DAY, YR			IF UNDER 24 HOURS	
	4. AAGE			J. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	YEARS	MONTHS DAY		
	White	YES	_Kl nol July 11	1, 1930	60	1	ļ :	
DECEDENT	B. STATE OF 9. CITIZEN OF WHAT			STATE OF LIA. FU		AME OF MOTHE	11B STATE OF	
PERSONAL	BIRTH COUNTRY	1	ţ	BIRTH			BIRTH	
DATA	ND USA	August Ninmi	ck iGe	ermany Ire	ne Kapa	חוו	ND :	
<b>2</b> /11/A		S. SOCIAL SECURITY No.	1-1. MARITAL STATUS				E. ENTER MAIDEN NAME	
	19 TO 19 X NONE	483-30-9775	Married	Ral	ph G. P	orzelt		
	16A, USUAL OCCUPATION	168. USUAL KIND OF BUSINES			YEARS IN		N-YEARS COMPLETED	
		CR INDUSTRY	4		OCCUPATION	1		
	Statistical Clerk	Health Care	<u>Northridge</u>	Hosp,	10	12		
	18A. RESIDENCE-STREET AND NUMBER	R OR LOCATION		18	B. CITY		18C ZIP CODE	
USUAL	<u> 15126 Riverside La</u>			iA	<u>pple Va</u>	<u>Hey</u>	92307	
RESIDENCE	18D. COUNTY	18E. N.MBER OF		REIGN COUNTRY 20.		IONSHIP, MAILING A	ODRESS	
	C Ddi	IN THIS COL		. D			ichand	
	San Bernardino		Californi			rzelt - H		
	19A. PLACE OF DEATH	19B. IF HOSPITAL	SPECIFY 19C. COUNTY	i i	5126 Ri	verside La	ane	
PLACE	Northridge Hospita	ONE IP, ER				Hey, CA	92307	
OF	Northridge Hospita	1 11	Los Angel	162	phic va			
DEATH	190. STREET ADDRESS-STREET AP	ID NUMBER OR LOCATION	9E. CITY	Tia	4E INTER /AL	22. WAS DEATH RE	SOFTED TO CORONER?	
	18300 Roscoe Blvd.	Ţ	Nor thridge	BET	WEEN OFISET		X No	
	LOSUU ROSCOE BIVU.					23 WAS BIOPSY PI		
	21 DEATH WAS CAUSED BY UN	fferentiated car	່ວາກ່ອກອີ່ ບໍ່ຄົ້າໃຂ້ໂt	lung .		WAS BIOPS! PI	THE CHARGE OF	
	IMMEDIATE IN WITH MATE	stasis to bone		<b>▶</b> ! 6	mons.	X YES	No.	
CAUSE	CAUSE A WILLI WELD	Stasts to home				24A. WAS AUTOPS		
CAUSE OF	1			. !			, 1	
DEATH	OUE TO (B)			D:		YES	NO K	
DEATH	DUE TO (B)			<del></del>			N DETERMINING CAUSE	
	l l			<b>b</b>		OF DEATH?		
	DUE TO (C)					YES	No	
	25. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO CAUSE GIVEN IN	N 21   26 WAS OPER	ATION PERFOR	MED FOR ANY COND	TION IN ITEM 21 OR 257	
				IF YES, LIS	T TYPE OIL OPER	ATION AND DATE.		
	None			Eronch	oscopy	8/10/		
	I CERTIFY THAT TO THE BEST OF MY KI	NOWLEDGE DEATH 278. S	GNATURE AND DESREE OR T	THE OF CERTIFIER	27C. CERTIFIE	T'S LICENSE NUMBE	27D DATE SIGNED	
PHYSI-	CCCURRED AT THE HOUR, DATE AND PL		I de co		105000		1100100	
CIAN'S	27A. DECEDENT ATTENDED SINCE DECI	MENT LAST SEEN ALIVE	ar our	man 40	<u> A25329</u>		10/26/90	
CERTIFICA-	MONTH, DAY, YEAR	MONTH, DAY, YEAR   2/E. T	YPE ATTENDING A HE SICIA	N'S NAME AND A	DRESS 18	350 Rosco	Bivd.	
T:ON						ridge, CA	91325	
	7/13/90	10/17/90 Carl	Singerman MD			Truge, Cr	THE RESIDENCE PARTY OF THE PART	
	I CERTIFY THAT IN MY OPINION DEATH	OCCURRED AT 28A. S	GNATURE AND TITLE OF COR	RONER OR DEPUTY CO	DRONER		28B. DATE SIGNED	
	THE HOUR, DATE AND PLACE STATED	FROM THE CAUSES				1		
						1		
CORONER'S	29. MANNER OF DEATH-specify one naturally suicide, homicide, pending savestigation or could not	iral, accident, 30A. FLACE OF	YACLNI	308. INJ	URY AT WORK	30C DATE OF IN	LURY 31. HOUR	
USE	Str. Ce. House toe, penting tirrisingshor or could no	DE DETERMINED		Ye	s No	!		
ONLY			1 22			(EVENIE MUCH DE	CIR VER IN IN INCH	
C	32. LOGATION (STREET AND NUMBER OR LOCATION AND CITY 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN						SOCIED IN INSORT	
	34A. DISPOSITIONISI 34B. PLACE	OF SINE DISPOSITION NAME A	NO ADDRESS 344	C. DATE :	35A. SIGNATUR	E OF EMBALMER	35B LICENSE	
FUNERAL	Victor	Valley Memoria	Park	MO, DAY, YEAR			NUMBÉR	
DIRECTOR	BU 17150	"C" St. Victory	ville. CA 10	0/23/90	Not Em	ba Imed		
AND	36A, NAME OF FUNERAL DIRECTOR (OR	PERSON ACTING AS SUCHE THE	LICENSE NO 137 SIGN	ATURE OF LOCAL			REGISTRATION DATE	
LOCAL	SUR. HARE OF FUNERAL DIRECTOR (OR	TEREBUT ABILITY OF THE STATE OF	1/2	0.5	1 / ch	The state of the s		
REGISTRAR	Victor Valley Mort	uarv F	F 1452	and the constitution of	THE EX	Į	ICT 2.3 <b>199</b> 0 -	
	A. B.	C.	ID. IE		F.	CENSU	STRACT	
STATE	1							
REGISTRAR	1							
VS-11 (REV. 1-	90) /656	MAKE NO ERASURES	WHITEOUTS, OR OTHER	ALTERATIONS		11-6-1	- 0566	
	, 22,					_		
		-						
		THIS IS A TIRUE OF	intrino CUPY OF THE	E DECORUE				
		TRUED WITE COURT	y os Loo Arceles De	PARTITION				
		OF HEALTH SERVICE	SE IF IT BEARS THIS	SEAL N				
		PURPLE HRE.						
$\sim$		1 60000 000	VI OB 400°					
<u>_</u>		I My Sanger NU	V 02 1990					
		$-1M_{\odot} > CM_{\odot}$						
		178 8 77	2					
			1	11				
ī		10	11 / N					
ī		12	Phy					
in in		12	Director of Health Services					
00.5 T P2.50		12						
	•	12		and Refelter	f Doesnoon	County of	K lamath	
	•	12		and Reduction State of		, County of		
- nutr 42		12		and Reduction State of		ı, County of 99, at <i>2:30</i>		

CERTIFICATE OF DEATH

In Vol. M99 Page 21416
Linda Smith, County Clerk
Fee \$ 10 -