

ASPEN 04049567

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

Vol. M99 Page 21476

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST (GIVEN) <b>Donna</b>		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3. SEX <b>October 17, 1990 2225 F</b>	
1B. MIDDLE <b>Agnes</b>		1C. LAST (FAMILY) <b>Porzelt</b>	
4. RACE <b>White</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. <b>July 11, 1930</b>		7. AGE IN YEARS <b>60</b>	
8. STATE OF BIRTH <b>ND</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10A. FULL NAME OF FATHER <b>August Nimnick</b>		10B. STATE OF BIRTH <b>Germany</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>Irene Kapaun</b>		11B. STATE OF BIRTH <b>ND</b>	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO. <b>483-30-9775</b>	
14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE "IF WIFE, ENTER MAIDEN NAME" <b>Ralph G. Porzelt</b>	
16A. USUAL OCCUPATION <b>Statistical Clerk</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Health Care</b>	
16C. USUAL EMPLOYER <b>Northridge Hosp.</b>		16D. YEARS IN OCCUPATION <b>10</b>	
16E. EDUCATION—YEARS COMPLETED <b>12</b>		16F. ZIP CODE <b>92307</b>	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>15126 Riverside Lane</b>		18B. CITY <b>Apple Valley</b>	
18C. COUNTY <b>San Bernardino</b>		18D. STATE OR FOREIGN COUNTRY <b>California</b>	
18E. NUMBER OF YEARS IN THIS COUNTY <b>0</b>		18F. RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ralph Porzelt - Husband 15126 Riverside Lane Apple Valley, CA 92307</b>	
19A. PLACE OF DEATH <b>Northridge Hospital</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER, OR, DOA <b>IP</b>	
19C. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>18300 Roscoe Blvd.</b>		19D. CITY <b>Northridge</b>	
21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE DES LINE FOR A, B AND C) <b>Poorly differentiated carcinoma of left lung (A) with Metastasis to bone</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23. IMMEDIATE CAUSE <b>6 mons.</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>None</b>	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE <b>Bronchoscopy 8/10/90</b>		27A. SIGNATURE AND DESIGNEE OR TITLE OF CERTIFIER <b>Carl Singerman MD</b>	
27B. CERTIFIER'S LICENSE NUMBER <b>A25329</b>		27C. DATE SIGNED <b>10/26/90</b>	
27D. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Carl Singerman MD Ste. 500 Northridge, CA 91325</b>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>Robert C. Mott</b>	
28B. DATE SIGNED <b>OCT 23 1990</b>		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>BU</b>	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) <b>BU</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Victor Valley Memorial Park 17150 "C" St. Victorville, CA</b>	
34C. DATE MO. DAY, YEAR <b>10/23/90</b>		34D. SIGNATURE OF EMBALMER <b>Not Embalmed</b>	
34E. LICENSE NUMBER <b>F 1452</b>		34F. SIGNATURE OF LOCAL REGISTRAR <b>Robert C. Mott</b>	
34G. REGISTRATION DATE <b>OCT 23 1990</b>		34H. CENSUS TRACT	

VS-11 (REV. 1-90)

1629

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

04-0-1-0569

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.



NOV 02 1990

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Director of Health Services and Registrar

State of Oregon, County of Klamath  
Recorded 6/01/99, at 2:30 p.m.  
In Vol. M99 Page 21476  
Linda Smith, County Clerk  
Fee \$ 10.00

*Linda Smith*

99 Jun -1 P2:30