CERTIFICATION OF VITAL RECORD

ASPEN 04049862

COUNTY of SAN BERNARDINO

1999 JUL -9 PM 1:58

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): Ruth
1B. MIDDLE: - -
1C. LAST (FAMILY): Langhorne
2A. DATE OF DEATH—MO. DAY. YR: December 27, 1993
2B. HOUR: 1345
3. SEX: F
4. RACE: White
5. HISPANIC—SPECIFY: [X] YES Mexican [ ] NO
6. DATE OF BIRTH—MO. DAY. YR: September 26, 1935
7. AGE IN YEARS: 58
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: TX
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: Jesus Huerta
10B. STATE OF BIRTH: MX
11A. FULL MAIDEN NAME OF MOTHER: Dolores Lopez
11B. STATE OF BIRTH: MX
12. MILITARY SERVICE: 19 ___ TO 19 ___ [X] NONE
13. SOCIAL SECURITY NO.: 368-34-8106
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Earl William Langhorne
16A. USUAL OCCUPATION: Homemaker
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Own Home
16C. USUAL EMPLOYER: Self Employed
16D. YEARS IN OCCUPATION: 39
17. EDUCATION—YEARS COMPLETED: 12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 6120 Blythe Street
18B. CITY: Highland
18C. ZIP CODE: 92346
18D. COUNTY: San Bernardino
18E. NUMBER OF YEARS IN THIS COUNTY: 16
18F. STATE OR FOREIGN COUNTRY: CA
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Earl W. Langhorne - Husband, 6120 Blythe Street, Highland, CA 92346

PLACE OF DEATH

19A. PLACE OF DEATH: St. Bernardine Medical Center
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
19C. COUNTY: San Bernardino
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 2101 N. Waterman Ave.
19E. CITY: San Bernardino

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Breast Carcinoma — TIME INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
DUE TO (B)
DUE TO (C)
22. WAS DEATH REPORTED TO CORONER — REFERRAL NUMBER ___ [ ] YES [X] NO
23. WAS BIOPSY PERFORMED [X] YES [ ] NO
24A. WAS AUTOPSY PERFORMED [ ] YES [X] NO
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH [ ] YES [ ] NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: No
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: Biopsy Rt Breast 12/23/1991

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR: 01/08/1992
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 12/27/1993
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: [signature]
27C. CERTIFIER'S LICENSE NUMBER: A39259
27D. DATE SIGNED: 12/28/93
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Jack P. Schwartz, MD-401 E. Highland Ave., San Bernardino, CA

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER
28B. DATE SIGNED
29. MANNER OF DEATH—(CAUSE, NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION IF COULD NOT BE DETERMINED)
30A. PLACE OF INJURY
30B. INJURY AT WORK [ ] YES [ ] 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)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S): BU
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Riverside National Cemetery, 22495 Van Buren Blvd., Riverside, CA
34C. DATE MO. DAY. YR.: 01/03/1994
35A. SIGNATURE OF EMBALMER: Bernardo Piccardo
35B. LICENSE NO.: 7736
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Bobbitt Memorial Chapel, Inc.
36B. LICENSE NO.: FD-1133
37. SIGNATURE OF LOCAL REGISTRAR: T. J. Prendergast, MD.
38. REGISTRATION DATE: Dec. 28, 1993

STATE REGISTRAR

A. 2-1-3
B.
C.
D.
E.
F.
CENSUS TRACT: 07403 1249

VS-11 (REV. 7-93)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Mail To: Earl Langhorne, 6130 Blythe Avenue, Highland, CA 92346

CERTIFIED COPY OF VITAL RECORDS

458230

DATE ISSUED JAN 03 1994

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

T. J. Prendergast, M.D.
THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

27572

State of Oregon, County of Klamath
Recorded 7/09/99, at 1:58 p. m.
In Vol. M99 Page 27571
Linda Smith,
County Clerk Fee$ 15 dl