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

27571

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

Vol M99 Page

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
Ruth	- -	Langhorne	December 27, 1993	1345	F

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
White	[X] YES Mexican [ ] NO	September 26, 1935	58				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
TX	U.S.A.	Jesus Huerta	MX	Dolores Lopez	MX

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ [X] NONE	368-34-8106	Married	Earl William Langhorne

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Homemaker	Own Home	Self Employed	39	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
6120 Blythe Street	Highland	92346

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

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY OHP, IP, ER/OP, DOA	19C. COUNTY
St. Bernardine Medical Center	IP	San Bernardino

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER	23. WAS BIOPSY PERFORMED
2101 N. Waterman Ave.	San Bernardino		[ ] YES ___ [X] NO	[X] YES [ ] NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A)	Breast Carcinoma	2 yrs	24A. WAS AUTOPSY PERFORMED: [ ] YES [X] NO
DUE TO (B)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH: [ ] YES [ ] NO
DUE TO (C)			

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.
No	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.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
[signature]	A39259	12/28/93

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
01/08/1992	12/27/1993	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—specify exact 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)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
BU	Riverside National Cemetery 22495 Van Buren Blvd. Riverside, CA	01/03/1994	[signature]	7736

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Bobbitt Memorial Chapel, Inc.	FD-1133	T. J. Prendergast, MD.	Dec. 28,1993

STATE REGISTRAR

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

VS-11 (REV. 7-93)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

1249

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.

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