

772124

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

37592

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
JENNIE		CHRISTINE		RILEY	
2A. DATE OF DEATH (MONTH, DAY, YEAR)		FOUND			
November 10, 1982		0800			
3. SEX	4. RACE	5. ETHNICITY		6. DATE OF BIRTH	
Female	White	Not Given		May 5, 1909	
7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
73 YEARS					
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
MN		Matt Bottila - Finland		Hilda Dixon - Finland	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
USA		312-05-6884		Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION			
Leon Riley		Housewife			
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
adult life		Self Employed		Homemaker	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
350 S Willow Ave Sp 135		0350		Rialto	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Bernardino		CA		Leon Riley - husband	
21A. PLACE OF DEATH		21B. COUNTY		350 S Willow Ave Sp	
Home		San Bernardino		Rialto, Ca 92376	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
350 S Willow Ave Sp 135		Rialto			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE		None		Yes	
(A) Acute myocardial infarction				25. WAS BIOPSY PERFORMED?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.				Yes	
DUE TO, OR AS A CONSEQUENCE OF				26. WAS AUTOPSY PERFORMED?	
(B) Atherosclerotic Heart Disease				No	
DUE TO, OR AS A CONSEQUENCE OF					
(C)					
27. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. DATE SIGNED	
		None		No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		George H. Kaena		81274	
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		STATE OF CALIFORNIA	
				COUNTY OF SAN BERNARDINO	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32A. DATE OF INJURY—MONTH, DAY, YEAR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
Investigation		George H. Kaena		11-10-82	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		11-10-82		Evergreen Crematory - Riverside, Ca	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
Not Embalmed		Neptune Society - Riverside 1307		Nov 5 Mahoney	
42. DATE ACCEPTED BY LOCAL REGISTRAR		A.		B.	
NOV 10 1982		C.		D.	
E.		F.		4100	

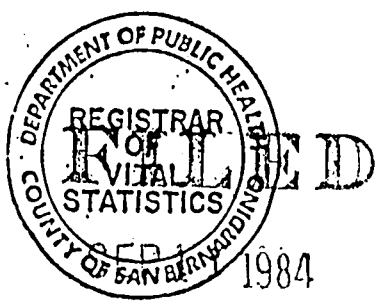
MERRILLVILLE LAWYERS
789 S BRADWAY
MERRILLVILLE IN 46410

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO
RECORDED
NOV 11 1982

VS-11 (10-78)
***** This must be in red to be a "CERTIFIED COPY" *****

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



Greater Gay Sub. #1
Lts. 52453
Bl. 2

20-16-52453

AUDITOR LAKE COUNTY