

772124 CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

37592

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

MERRILLVILLE, INDIANA 46410
ATTORNEYS
7895 BROADWAY

STATE OF CALIFORNIA
FILED
SAN BERNARDINO COUNTY
RECORDED
NOV 11 1982
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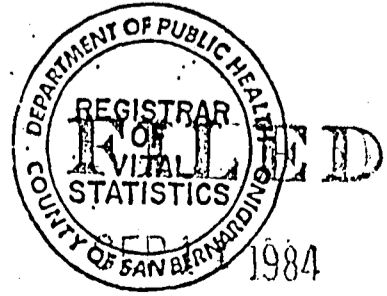
VS-11 (10-78)

***** 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.

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

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



20-16-52453

James O. ...
AUDITOR LAKE COUNTY

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JM
you