

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

91024435

LTIC # 51435
LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO, DAY, YR	2B. HOUR	3. SE
		CARL IN		MAXWELL	FELTER	APRIL 20, 1991	1600	M
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO, DAY, YR		7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS DAYS	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAY 9, 1911		79		
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	
IN		U. S. A.		EDWARD FELTER		IN	GLADYS THOMAS	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE; ENTER MAIDEN NAME)		
19 To 19 <input checked="" type="checkbox"/> NONE		306-09-4015		MARRIED		EMILY SMITH		
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS (OR INDUSTRY)		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	16E. EDUCATION—YEARS COMPLETED	
METALLURGY		METAL		U. S. STEEL		26	6	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. COUNTY		18D. ZIP CODE		
3292 SUNSET ROAD		JOSHUA TREE		SAN BERNARDINO		92252		
19A. PLACE OF DEATH		19B. HOSPITAL, SPECIFY		19C. COUNTY		20. NAME, RELATIONSHIP, MAKING ADDRESS AND ZIP CODE OF INFORMANT		
KAISER FOUNDATION				RIVERSIDE		EMILY FELTER WIFE		
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		19F. STATE		19G. ZIP CODE		
10800 MAGNOLIA AVENUE		RIVERSIDE		CALIFORNIA		92252		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER?		23. WAS BIOPSY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		
(A) CARDIAC ARREST 105 MINS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(B) CONGESTIVE CARDIOMYOPATHY YEARS						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(C) CORONARY ARTERY DISEASE YEARS						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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?		27A. CERTIFIER'S SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27B. CERTIFIER'S LICENSE NUMBER		27C. DATE SIGNED
GASTROINTESTINAL BLEED DUE TO CHRONIC PEPTIC ULCER 8 YRS		YES-GASTRIC SURGERY PERFORMED ON 4-20-91		ANANDA NIMA ASURIYA, MD.		A39863		4/26/91
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27D. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		27E. DATE SIGNED
4-10-91		4-20-91		10800 MAGNOLIA RIVERSIDE, CA				
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR
NATURAL				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
32. LOCATION WHERE DEATH OCCURRED (LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO, DAY, YEAR
HOME				CR/BU MAY 2 1991		VALLEY MEMORIAL PARK		4-30-1991
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		36. SIGNATURE OF LOCAL REGISTRAR		36B. REGISTRAR'S NAME		36C. REGISTRAR'S NUMBER
MT. VALLEY MORTUARY		FD-1393		[Signature]		APR 26 1991		
37. STATE REGISTRAR		38. COUNTY REGISTRAR		39. CENSUS TRACT				
A. [Signature]		B. [Signature]						

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503-9163 bbb

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STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } ss

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED APR 26 1991

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

Local Registrar
RIVERSIDE COUNTY CALIFORNIA
00417

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