



**CERTIFICATION OF VITAL RECORD**

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Iola</b>		1B. MIDDLE <b>Muriel</b>		1C. LAST (FAMILY) <b>Fortier</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>December 29, 1990</b>		2B. HOUR <b>0930</b>	3. SEX <b>F</b>	
4. RACE <b>White</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>December 5, 1915</b>		7. AGE IN YEARS <b>75</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS MINUTES	
8. STATE OF BIRTH <b>MN</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>Frank Petersdorf</b>			10B. STATE OF BIRTH <b>IL</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Sadie Thomas</b>		11B. STATE OF BIRTH <b>Unknown</b>		
12. MILITARY SERVICE? 19__ To 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Charles William Fortier</b>				
16A. USUAL OCCUPATION <b>Homemaker</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		16C. USUAL EMPLOYER <b>Self-employed</b>		16D. YEARS IN OCCUPATION <b>57</b>	17. EDUCATION—YEARS COMPLETED <b>9</b>			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>47654 Clark Street</b>						18B. CITY <b>Oakridge</b>		18C. ZIP CODE <b>97463</b>		
18D. COUNTY <b>Lane</b>			18E. NUMBER OF YEARS IN THIS COUNTY <b>13</b>	18F. STATE OR FOREIGN COUNTRY <b>OR</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Charles W. Fortier - Husband 47654 Clark Street Oakridge, OR 97463</b>				
19A. PLACE OF DEATH <b>Hemet Valley Medical Center</b>			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	19C. COUNTY <b>Riverside</b>		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>1117 E. Devonshire Avenue</b>	19E. CITY <b>Hemet</b>	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	IMMEDIATE CAUSE (A) <b>CARDIAC ARREST</b>	DUE TO (B) <b>RESPIRATORY ARREST</b>	DUE TO (C) <b>MASSIVE INTRACEREBRAL HEMORRHAGE-CVA</b>	▶ <b>MIN</b>	▶ <b>10 MINS</b>	▶ <b>9 DAYS</b>	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>NONE</b>						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>				
PHYSICIAN'S CERTIFICATION		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>12/19/90</b>		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER  <b>Yurzul Dhanani, M.D., 40948 E. Florida, Hemet, CA</b>		27C. CERTIFIER'S LICENSE NUMBER <b>A 41153</b>		27D. DATE SIGNED <b>12/29/90</b>		
CORONER'S USE ONLY		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 		28B. DATE SIGNED		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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	30D. 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) <b>TR/BU</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Oakridge Funeral Home 2nd &amp; Ash St., Oakridge, OR</b>		34C. DATE MO. DAY, YEAR <b>Dec. 31, 1990</b>	35A. SIGNATURE OF EMBALMER 		35B. LICENSE NUMBER <b>5000</b>	
STATE REGISTRAR		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>McWane Family Funeral Home</b>		36B. LICENSE NO. <b>FD998</b>	37. SIGNATURE OF LOCAL REGISTRAR 		38. REGISTRATION DATE <b>Dec. 29, 1990</b>		CENSUS TRACT	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

165685

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE }  
DATE ISSUED **JAN 04 1991**

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Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

**191684**

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