

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

### CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH  
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3600

5703

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEASED—FIRST NAME <b>Dorothy</b>		2A DATE OF DEATH—MONTH DAY YEAR <b>December 19, 1974</b>	
1B MIDDLE NAME <b>Mary</b>		2B HOUR <b>11:30 P.M.</b>	
3 SEX <b>Female</b>	4 COLOR OR RACE <b>Cauc.</b>	5 BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Minnesota</b>	6 DATE OF BIRTH <b>April 15, 1907</b>
7 AGE LAST BIRTHDAY <b>67</b> YEARS		8 NAME AND BIRTHPLACE OF OTHER <b>Unknown-Unknown</b>	
9 MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Unknown-Unknown</b>		10 CITIZEN OF WHAT COUNTRY <b>USA</b>	
11 SOCIAL SECURITY NUMBER <b>550-14-0620</b>		12 MARRIED—NEVER MARRIED WIDOWED DIVORCED (SPECIFY) <b>Married</b>	
13 NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME) <b>Nathaniel Johnson</b>		14 LAST OCCUPATION <b>Housewife</b>	
15 NUMBER OF YEARS IN THIS OCCUPATION <b>10</b>		16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED) <b>Self-Employed</b>	
17 KIND OF INDUSTRY OR BUSINESS <b>Homemaking</b>		18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Canyon Crest Convelescent Home</b>	
18b CITY OR TOWN <b>Colton</b>		18c COUNTY <b>San Bernardino</b>	
18d LENGTH OF STAY (IN MONTHS) <b>2 Months</b>		18e STATE <b>California</b>	
19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>35482 Bonita Drive</b>		19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>No</b>	
19c CITY OR TOWN <b>Yucaipa</b>		19d COUNTY <b>San Bernardino</b>	
19e STATE <b>California</b>		20 NAME AND MAILING ADDRESS OF INFORMANT <b>Mr. Nathaniel Johnson 35482 Bonita Ave. Yucaipa, California</b>	
21a CORONER. I HEREBY CERTIFY THAT THE DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OR DECEASED AS REQUIRED BY LAW. <b>Investigation or Inquest</b>		21b PHYSICIAN. I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. <b>12/17/74 12/17/74 12/17/74</b>	
21c PHYSICIAN OR CORONER'S SIGNATURE AND DEGREE <b>Dr. [Signature]</b>		21d DATE SIGNED <b>12/20/74</b>	
22a SPECIFIC BURIAL ENTOMBMENT OR CREMATION <b>Burial</b>		22b DATE <b>December 23, 1974</b>	
22c NAME OF CEMETERY OR CREMATORY <b>Loma Vista Memorial Park</b>		22d CITY OR TOWN <b>Colton, Calif.</b>	
23 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Desert Mortuary</b>		23b CITY OR TOWN <b>Desert Hot Springs, Calif.</b>	
24 EMBALMER'S SIGNATURE (IF BIO-EMBALMED) <b>[Signature]</b>		24b DATE RECEIVED BY REGISTRAR <b>DEC 23 1974</b>	
25 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>CVA</b> DUE TO OR AS A CONSEQUENCE OF (B) <b>Hypertension, previous CV4</b> DUE TO OR AS A CONSEQUENCE OF (C) <b>1973</b>			
26 PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>long standing lung + bed rest</b>			
31 WAS OPERATION OR BIRTH PERFORMED IN A HOSPITAL OR OTHER PLACE WHERE OPERATION AND/OR BIRTH WOULD BE EXPECTED? <b>No</b>		32a ANY CONDITION IN ITEM 26 OR 27 THAT COULD AFFECT THE DEATH? <b>No</b>	
32b ANY CONDITION IN ITEM 26 OR 27 THAT COULD AFFECT THE DEATH? <b>No</b>		32c ANY CONDITION IN ITEM 26 OR 27 THAT COULD AFFECT THE DEATH? <b>No</b>	
33 SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34 PLACE OF INJURY (SPECIFY HOME FARM FACTORY OFFICE BUILDING ETC.)	
35 INJURY AT WORK (SPECIFY YES OR NO)		36a DATE OF INJURY	
36b HOUR		37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
37b DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES		38 WERE LABORATORY TESTS CONDUCTED FOR TOXIC, MICROBIAL, AND PHYSICAL CAUSES? <b>No</b>	
39 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) <b>4-12-23</b>			
STATE REGISTRAR		C. A. S. A. N. B. E. R. N. A. R. D. I. N. O.	

### CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED

JAN 25 2021

[Signature]



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Bob Dutton  
ASSESSOR-RECORDER-CLERK

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-Recorder-Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

