114919

CERTIFICATE OF DEATH BOOK 131 PAGE 937

STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
HELEN	BETH	ROLLINS	September 2, 1983	0912

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE
Female	White	NO (X)	April 20, 1922	61 years

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
ND	Charles S. Brown - SD	Clara Little - ND

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	[redacted]	Married	Richard H. Rollins

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Escrow Officer	15	Title Ins and Trust Co.	Title Insurance

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
22700 DeBerry Street		Grand Terrace

19D. COUNTY	19E. STATE
San Bernardino	CA

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Santa Monica Med. Center	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
122 15th Street	Santa Monica

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

Mr. Richard H. Rollins - Husband
22700 DeBerry Street
Grand Terrace, CA 92324

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 83-11041

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: DATE: No

PHYSICIAN'S CERTIFICATION

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.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS PROVIDED BY LAW I HAVE HELD A [redacted] INVESTIGATION: Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: Deputy Coroner [signature] | 35C. DATE SIGNED: 9-7-83

36. DISPOSITION	37. DATE—MONTH DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	9/7/1983	Evergreen Crematory - Riverside, CA	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH	40B. LICENSE NO.	41. LOCAL REGISTRAR	42. DATE ACCEPTED BY LOCAL REGISTRAR
Neptune Society - Riverside	1307	[signature] V.G.	SEP 7 1983

STATE REGISTRAR	A.	B.	C.	D.	E.	F.
		FILED FOR RECORD EXAMINED BY	SH			

VS-11 (R-6/83)

BY SKAMANIA CO. TITLE

NOV 10 10 58 AM '92

P Lowry

SKAMANIA CO.

GARY E. OLSON

015373

REAL ESTATE EXCISE TAX

NOV 10 1992

PAID exempt

SKAMANIA COUNTY TREASURER

Registered
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THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

SEP 7 1983 FEE PAID

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Director of Health Services and Registrar

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