

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO
 DEPARTMENT OF PUBLIC HEALTH
 351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) EDWARD		2. MIDDLE JESSE		3. LAST (FAMILY) ORNDORFF			
4. DATE OF BIRTH MM/DD/CCYY 08/23/1909		5. AGE YRS. 92		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 02/12/2002	
8. HOUR 2030		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 570-34-1214		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 14		14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF-EMPLOYED	
17. OCCUPATION CATERER		18. KIND OF BUSINESS CATERING		19. YEARS IN OCCUPATION 40			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 21450 VIA DEL VAQUERO							
21. CITY YORBA LINDA		22. COUNTY ORANGE		23. ZIP CODE 92887		24. YRS IN COUNTY 92	
25. STATE OR FOREIGN COUNTRY CA							
26. NAME, RELATIONSHIP CAMILLA A. BERGER - DAUGHTER				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 19702 CRESTKNOLL DRIVE, YORBA LINDA, CA 92886			
28. NAME OF SURVIVING SPOUSE—FIRST HELEN		29. MIDDLE MARIE		30. LAST (MAIDEN NAME) HARRIGAN			
31. NAME OF FATHER—FIRST JESSE		32. MIDDLE W.T.		33. LAST ORNDORFF		34. BIRTH STATE IL	
35. NAME OF MOTHER—FIRST MARGARET		36. MIDDLE ANNA		37. LAST (MAIDEN) HENNEBERRY		38. BIRTH STATE NY	
39. DATE MM/DD/CCYY 02/16/2002		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 6300 FOREST LAWN DR., LOS ANGELES, CA 90068					
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER <i>Brian Gomez</i>				43. LICENSE NO. 8245	
44. NAME OF FUNERAL DIRECTOR VALLEY FUNERAL HOME		45. LICENSE NO. FD976		46. SIGNATURE OF LOCAL REGISTRAR <i>D. Prundergast, MD</i>		47. DATE MM/DD/CCYY 02/15/2002	
101. PLACE OF DEATH DOCTORS HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY SAN BERNARDINO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 5000 SAN BERNARDINO ROAD		106. CITY MONTECLAIR					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORONER TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) PNEUMONIA		7 DAYS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REFERRAL NUMBER 02-1081 DJ	
DUE TO (B) STREPTOCOCCUS PNEUMONIA		7 DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 03/30/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>Doal</i>		116. LICENSE NO. A51751		117. DATE MM/DD/CCYY 02/14/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 1996 N. INDIAN HILL BLVD., POMONA, CA 91767							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR A 5-2-00		B		C		D	
E		F		G		H	
FAX AUTH. #		CENSUS TRACT					

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN BERNARDINO } SS

DATE ISSUED 02/20/2002

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

D. Prundergast, MD
 THOMAS J. PRUNDERGAST, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE