

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.
ASSESSOR/RECORDER/COUNTY CLERK

57-092848

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 8009 REGISTRAR'S NUMBER 4864

STATE FILE NO. 57-092848		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		REGISTRATION DISTRICT NO. 8009		REGISTRAR'S NUMBER 4864								
1A. NAME OF DECEASED—FIRST NAME Mayne			1B. MIDDLE NAME Quin		1C. LAST NAME Rife			24. DATE OF DEATH—MONTH, DAY, YEAR October 8, 1957		2B. HOUR 03:35A M.				
3. SEX Female		4. COLOR OR RACE Chinese Mongolian		5. PREVIOUSLY MARRIED, WIDOWED, DIVORCED, OR SEPARATED Married		6. DATE OF BIRTH Oct 7, 1885		7. AGE (LAST BIRTHDAY) 72 YEARS		IF UNDER 1 YEAR MONTHS DAY HOURS MINUTES				
8a. USUAL OCCUPATION (WORK OR BUSINESS) DURING MOST OF WORKING LIFE, EVEN IF RETIRED Housewife			8b. KIND OF BUSINESS OR INDUSTRY			9. BIRTHPLACE, COUNTRY, FOREIGN California United States		10. CITIZEN OF WHAT COUNTRY USA						
11. NAME AND BIRTHPLACE OF FATHER Ah Quin-China				12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Su Quin-China				13. NAME OF PRESENT SPOUSE (IF MARRIED) Royal Raymond Rife						
14. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No			15. SOCIAL SECURITY NUMBER None			16. INFORMANT Royal Raymond Rife								
17a. COUNTY San Diego			17b. CITY OR TOWN San Diego			17c. LENGTH OF STAY IN THIS CITY OR TOWN 72 yrs.								
17d. FULL NAME OF HOSPITAL OR INSTITUTION Quintard Hospital Corporation														
17e. ADDRESS 1630 A Street			18. STREET OR RURAL ADDRESS (DO NOT USE P.O. NUMBERS) 3676 Zola Street, San Diego											
18a. STATE Calif			18b. COUNTY San Diego			18c. CITY OR TOWN San Diego			18d. STREET OR RURAL ADDRESS (DO NOT USE P.O. NUMBERS) 3676 Zola Street, San Diego					
19A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD THE REMAINS OF THE DECEASED AS REQUIRED BY LAW.														
19B. 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 FROM [DATE] TO [DATE] AND THAT I LAST SAW THE DECEASED ALIVE ON [DATE].														
19C. SIGNATURE [Signature]														
19D. ADDRESS 2064 W. 10th St														
19E. DATE SIGNED 8 Oct 57														
20A. SPECIFY BURIAL, CREMATION OR REMOVAL Burial			20B. DATE October 18, 57			20C. CEMETERY OR CREMATORY Mt. Hope Cemetery			21. SIGNATURE OF EMBALMER (IF BODY EMBALMED) Lawrence G. Sullivan			LICENSE NUMBER 3348		
22. FUNERAL DIRECTOR Ryan-Sullivan and Bradley Woolmen Mort						23. DATE RECEIVED BY LOCAL REGISTRAR Oct 8 1957			24. SIGNATURE OF LOCAL REGISTRAR [Signature]			LICENSE NUMBER MS. 119		
CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))		THIS DOES NOT MEAN THE MORE OF TWO SUCH AS HEART FAILURE, ASSEMBLY, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.		26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Heart of inter-arterial				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days		25. ANTECEDENT CAUSES (NORRIBO CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE) C.V.A. & Rt Hemi plegia		5 wks		
OTHER SIGNIFICANT CONDITIONS		26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis		27. MAJOR FINDINGS OF OPERATION				5 yrs		28. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20 yrs		
OPERATIONS		27a. DATE OF OPERATION		27b. MAJOR FINDINGS OF OPERATION		28. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		29b. PLACE OF INJURY (FARM, FACTORY, STREET, OFFICE BUILDING)		29c. LOCATION CITY OR TOWN COUNTY STATE		
DEATH DUE TO EXTERNAL VIOLENCE		29d. TIME OF INJURY		29e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		29f. HOW DID INJURY OCCUR?		29g. TIME MONTH DAY YEAR HOUR		29h. INJURY OCCURRED		29i. HOW DID INJURY OCCUR?		

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

Ernest J. Dronenburg, Jr.

September 28, 2016

Ernest J. Dronenburg, Jr.
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on the engraved border displaying date, seal and signature of the Recorder/County Clerk



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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