Artisactions as a contract of				(-EKI	IFICA	IL OF	- DF	AT	14								
	STATE FILE		R EDENT-FIRS		- 4	TATE O	F CALIF	DHIVIA	•	• •	LOCAL REG	SISTRATIO	M DISTR	CT 4110 C				
-	1		EDENT-FIRST 18. MIDDLE			IC. LAST					LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH MONTH, DAY, YEARI I 2B. HOUR							
	Helen						Kalpakian					July 28, 198			107			
	3. SEX	4. RA	CE/ETHNICITY		HISPANIC					7. AGE			P 1 YEAR	_	1700			
	Female White			NO SCI								MONTHS	DAYS	HOURS	24 HOURS			
DECEDENT	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BI	RTHPLACE	OF FATHER	February 5, 1901			86	YEARS		RTHPLACE					
PERSONAL DATA	Turkey	PIGN CO	UNTRY	Asdoor Koolaksezian Turkey						TO. BIR	TH NAME	AND B	RTHPLACE	ог Мотн	EPR			
	11A. CITIZEN C	o# I	11B. IF DECE	ASGOOT K						Yes	Yesabet Mitilian Turkey 14 NAME OF SURVIVING SPOUSE UP WIFE, ENTER							
	U.S.A.	٧.	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.			FC4 70 C404				MARITAL STA	TUS 14. NA	14. NAME OF SURVIVING SPOUSE (IF WIFE, BIRTH NAME)				E, ENTER		
	15. PRIMARY O	CCUPATI	19	TO 19	564-/	564-70-6131 Wi			.dowed									
	House M		THIS OCCUPATION			17. EMPLOYER (IF SELF-EMPLOYED, SO ST				TIATE)	18. KIND OF INDUSTRY OR BUSINESS							
				12 Years						Educ	Education							
	6124 Pm	SIDENCE	SINEET AD	DRESS (STREET AN	RESS (STREET AND NUMBER OR LOCATION)				19B.			19C. CITY OR TOWN				-		
USUAL		6124 Brusea Place						3/1/00				Riverside UF2						
RESIDENCE							119E. STATE 20. NAME AND				AND ADDRE	D ADDRESS OF INFORMANT—RELATIONSHIP						
	Riversio	de				Cal	liforni	2	- 1									
	21A. PLACE O	F DEAT	н				laur saute				metu k	beth K. Bown (Daughter)						
PLACE OF	Communi	Community Conv. Center										6124 Brusea Place						
DEATH	21C. STREET	ADDRES	S (STREET AN	D NUMBER OR LO	CATION)		Riverside Rive				erside, California 92506							
	4070 Turung Assa																	
	22. DEATH WA	S CAU	SED BY:	(ENTER ONL	Y ONE C	KIV	erside											
CAUSE	IMMEDIATE CAUSE						USE PER LINE FOR A. B. AND C)						i TO	CORONER		TED		
	CONDITIONS, IF		It fo	X Jaclure				8 mo.	mo . APPROXI-									
OF DEATH	WHICH GAVE RISE TO DUE TO, OR AS A CONSEQUENCE OF THE IMMEDIATE CAUSE, IRI							11.				INTER	/AL 25	. WAS BIO	PSY PERF	PRMED?		
DEATH	- while someway regularion								4 years	yeary BETWEEN ONSET								
	LYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF								,	AND DEATH 26. WAS AUTOPSY PERFORMED?								
	23. OTHER SIGNIFICANT CONDITIONS. CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN 27. WAS OPERA										no							
	IN 22A	0	+ P	CONTRIBUTING TO	DEATH E	BUT NOT RE	LATED TO C.	AUSE GIVE	N 2	27. WAS OPE	RATION PERF	ORMED FO	OR ANY			22 OR		
	arrenoscerone pent desease, by pokalimia																	
PHYSI-	HOUR, DATE AND	PLACE	STATED FRO	M THE CAUSES	281	B. PHYSICI	AN-SIGNATI	URE AND D	EGRE	OR TITLE	28C. DAT	E SIGNED	280.	PHYSICIAN'	S LICENSE	NUMBER		
CIAN'S CERTIFICA-	ATTENDED DECER	ENT SIN	CE LAST S	AW DECEDENT AL	LIVE ! L	Villia	m E. Je	intell	1	JY MX	7-2	9-87	: <i>F</i>	1 17	146			
TION	LENTER MO. D.	A. YR.)	(EN	ER MO. DA. YR.)	281	E. TYPE PH	YSICIAN'S M	NAME AN	D AD	ORESS		Die						
	5-12-			23-87	¦Wi	lliam	E. Jun	kert.	.Tı	r. M D	6926	KIV	ersi	de, c	alifo	rnia		
	29. SPECIFY ACCI	DENT, SU	CIDE, ETC.	30. PLACE OF	FINJURY			31. INJU	RYAT	WORK 32	DATE OF IN.	JURY-MC	CKEO INTH, DA	D AVE	32FL HOUR			
INJURY INFORMA-															,			
TION	33. LOCATION	STREET	AND NUMBER O	R LOCATION AND CI	TY OR TOW	VN)	34. DESC	RIBE HOW	ULMI	JRY OCCUR	RED (EVENTS	WHICH R	ESULTED	IN IN ILIPY				
CORONER'S	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																	
USE	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)																	
ONLY								!			ONE AND DEGR	EE OH III	LE	ia	SC. DATE	SIGNED		
36. DISPOSITIO				38. NAME AND AD							39. FA	BALMED'S	LICENS	E NUMBER				
Burial	Augus	t 1.	1987	Inglewood	/20 E	. Flor	ence A	ve.,		- 2		44 14	LICENS	E NUMBER	AND SIGNA	TURE		
40A. NAME OF F	UNERAL DIRECTOR (OR PERS	ON ACTING AS	SUCH) 40B. LICE	NSE NO.	41-10	CAL REGIS	TUGTE	WOO	d, CA	43	94	Jan	res est	illo	8		
Inglewood	Cemetery	Mor	tuarv	1101		()	~ 34.5	(17)	-1		10 W.F	42.	II II	CEPTED BY	MZAL HEG	ISTRAR		
STATE	A		B.	1 1101	C.	¥-0	(1	a	+		1	A.	JUL	311	987	خيا		
REGISTRAR									()	E.	1		F.		0		
VS-11 (1-85)									_									
* * * * *	* * * * :	* * :	* * * *	* * *Thi	s mus	t be i	n red	to be	2	* * *	* * * :							
				"	CERTT	FIED C	OPY"	LO DE	. a			n * *	. .	* * *	* * *	* * 1		
		(COUNTY	F RIVERS	TDF D	FPADTM	FNT OF	UEAT	יזיר	CEDMT	TO 1 == -							
		_		TALVERS.	LDL D	EI AK IM	LIVI OF	neal.	ΙH	CERTIF	ICATIO	N B	IIG	(A)	227			
															717/			

AUG 06 1987 Date Of Amendments, if any

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

zand Starly no

Edward J. Callagher, M.D. Director of Health & Local Registrar



J.	UMBER DEATH	FETAL DEATH MANNIAGE LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMB										
/1	INFORMATION AS REPORTED ON THE											
1	14. FIRST NAME 116. MIDDLE N											
/	Helen	Kalpakian										
TYPE OR		OCCURRENCE—CITY AND COUNTY										
BLACK INK	Female July 28, 1987 Rivers	ide - Riverside										
	Asdoor Koolaksezian	6. BIRTH NAME OF MOTHER Yesabet Mitilian										
PART II	STATEMENT OF CORRECTIONS											
	7. ITEM NUMBER 8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINA	L RECORD 80. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.										
LIST ONE ITEM PER LINE	19A 6124 Brusea Place	6124 Brusca Place										
	20 Elizabeth K. Bown (Daughter)	Elizabeth K. Bown (Daughter)										
	6124 Brusea Place	6124 Brusca Place										
	Riverside, California 92506	Riverside, California 92506										
REASON FOR CORRECTION	9. To correct death certificate											
PART III	SUPPORTING AFFIDAVITS	·										
	I hereby certify under penalty of periury that I have	possensi knowledge of the shows forte and that the information since										
	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.											
FIRST	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT 11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. 12 AGE OF PERSON COMPL											
AFFIDAVIT	Ass.	sistant Manager Seal ac										
	13. DATE SIGNED 14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)											
	August 4, 1987 3801 W. Manchester Blvd., Inglewood, California I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given											
	above is true and correct.	personal knowledge of the above facts and that the information given										
SECOND		ATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM I. 17. AGE OF PERSON COMPLE										
AFFIDAVIT	- Trartha Harra Se	ecretary/Mortuary 23										
	18. DATE SIGNED 19. ADDRESS OF PERSON COMPLETING THE August 4, 1987 3801 W. Manchester											
TE OR LOCAL		January Carrier										
REGISTRAR AUG 06 1987 DUP UP D												
TE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 1-80) FORM VS-2												
* * * * *	* * * * * * * * * * * * * * * * * * *	in red to be a * * * * * * * * * * * * * * * * * *										
	"CERTIFIED	COPY"										
	COUNTY OF RIVERSIDE DEPARTM	MENT OF HEALTH CERTIFICATION AND OG 1007										
	Date Of Amendments, if any_	AUG 06 1987 AUG 08 1987										
	T handle south of the state of											
	on file in the Courty of Pive	s a true copy of a certificate										
	the certification is in red.	erside, Department of Health, if										
		STAT OF POS										
Zand Skully no												
	Edward J. Callagher, H.D. Director of Health & Local Re	egistrar (STATISTICS)										
DOH-VS-004	4 (REV 8/85)	A TOP MIVERSIDE CER										

DOH-VS-004 (REV 8/85)