

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST <b>Helen</b>			1B. MIDDLE		1C. LAST <b>Kalpakan</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>July 28, 1987</b>				2B. HOUR <b>1700</b>		
	3. SEX <b>Female</b>		4. RACE/ETHNICITY <b>White</b>		5. SPANISH/HISPANIC NO <b>nk</b>		6. DATE OF BIRTH <b>February 5, 1901</b>					7. AGE <b>86</b> YEARS		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Turkey</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Asdoor Koolaksezian Turkey</b>						10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Yesabet Mitilian Turkey</b>					
	11A. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE <b>19-- TO 19--</b>		12. SOCIAL SECURITY NUMBER <b>564-70-6131</b>		13. MARITAL STATUS <b>Widowed</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)					
USUAL RESIDENCE	15. PRIMARY OCCUPATION <b>House Mother</b>						16. NUMBER OF YEARS THIS OCCUPATION <b>12 Years</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>California University of Southern</b>				18. KIND OF INDUSTRY OR BUSINESS <b>Education</b>	
	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>6124 Brusea Place</b>						19B.		19C. CITY OR TOWN <b>Riverside</b>				19D. COUNTY <b>Riverside</b>	
	19E. STATE <b>California</b>						20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Elizabeth K. Bown (Daughter) 6124 Brusea Place Riverside, California 92506</b>							
PLACE OF DEATH	21A. PLACE OF DEATH <b>Community Conv. Center</b>						21B. COUNTY <b>Riverside</b>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>4070 Jurupa Ave.</b>				21D. CITY OR TOWN <b>Riverside</b>	
	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) <i>congestion heart failure</i> ◀ <b>8 mo.</b> DUE TO, OR AS A CONSEQUENCE OF (B) <i>aortic stenosis + regurgitation</i> ◀ <b>4 years</b> DUE TO, OR AS A CONSEQUENCE OF (C) _____ ◀ _____ 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <i>arteriosclerotic heart disease, hypokalemia</i>													
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.) <b>5-12-83</b>						28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>William E. Junkert, Jr. MD</i>		28C. DATE SIGNED <b>7-29-87</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>A 17146</b>			
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>William E. Junkert, Jr., M.D., 6926 Brockton Ave., Riverside, California</b>						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>no</b>							
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	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)						35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED			
	36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>August 1, 1987</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>720 E. Florence Ave. Inglewood Park Cemetery, Inglewood, CA</b>				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>4394 James Clifford</b>					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Inglewood Cemetery Mortuary</b>				40B. LICENSE NO. <b>1101</b>		41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUL 31 1987</b>						
STATE REGISTRAR	A.	B.	C.	D.	E.	F.								

VS-11 (1-85)  
\*\*\*\*\* This must be in red to be a "CERTIFIED COPY" \*\*\*\*\*

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

**AUG 06 1987**

Date Of Amendments, if any AUG 06 1987

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.

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





