STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF INYO
RECORDER-REGISTRAR
INDEPENDENCE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER: 3-1995-14-000121
LOCAL REGISTRATION NUMBER:

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
JOHN	-	DOE #1

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
UNKNOWN	UNK.			MALE	FOUND 09/04/1995	1000

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION — YEARS COMPLETED
UNKNOWN	UNKNOWN	UNKNOWN 19 __ TO 19 __ ☐ NONE	UNKNOWN	UNKNOWN

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
UNKNOWN	☐ YES UNKNOWN ☐ NO	UNKNOWN

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
UNKNOWN	UNKNOWN	UNKNOWN

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: UNKNOWN

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
INYO COUNTY CORONER'S OFFICE	P.O. BOX 1175, BISHOP, CALIFORNIA, 93515

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
UNKNOWN	UNKNOWN	UNKNOWN	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
-	-

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
PENDING	▶ NOT EMBALMED	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
OWENS VALLEY MORTUARY	FD 1026	▶Janice Levesque, MD	09/12/1995

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
FOUND IN DESERT AREA	☐ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP ☐ RES. ☐ OTHER	INYO

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
10-12 MILES SOUTHEAST OF OLANCHA, 6500' ELEVATION	OLANCHA

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	UNDETERMINED	
DUE TO (B)		
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [X] YES ☐ NO — REFERRAL NUMBER 95-52

109. BIOPSY PERFORMED: ☐ YES [X] NO

110. AUTOPSY PERFORMED: [X] YES ☐ NO

111. USED IN DETERMINING CAUSE: [X] YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107:

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE:

PHYSICIAN'S CERTIFICATION

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; DECEDENT LAST SEEN ALIVE MM/DD/CCYY

115. SIGNATURE AND TITLE OF CERTIFIER: ▶

116. LICENSE NO.

117. DATE MM/DD/CCYY

118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION [X] COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ YES ☐ NO UNK

121. INJURY DATE MM/DD/CCYY: UNKNOWN

122. HOUR: UNK.

123. PLACE OF INJURY: UNKNOWN

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): UNKNOWN

CORONER'S USE ONLY

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE): BODY FOUND IN DESERT AREA, 10-12 MILES SE OF OLANCHA, CALIFORNIA, 93549

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶ D.R. Van de Walker	09/08/1995	D.R. VAN DE WALKER, DEP. CORONER

STATE: A B C D E F G H — FAX AUTH # — CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF INYO } SS

DATE ISSUED OCT 31 2012

000029958

This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY RECORDER-REGISTRAR.

KAMMI R. FOOTE
RECORDER-REGISTRAR

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

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

STATE FILE NUMBER — ☒ DEATH ☐ FETAL DEATH ☐ BIRTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3-1995-14-000121

STATE/LOCAL REGISTRAR USE ONLY: 1. | 2. | 3.

PART I INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
	JOHN	-	DOE #1	MALE
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE	
	FOUND 09/04/1995	OLANCHA	INYO	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
1.	JOHN	ROBERT
2.	-	BRUCE
3.	DOE #1	STONE
4.	UNKNOWN	10/08/1943
5.	UNK.	51
9.	UNKNOWN	CALIFORNIA
10.	UNKNOWN	567-62-2364
11.	UNKNOWN	NONE
12.	UNKNOWN	DIVORCED
13.	UNKNOWN	14
14.	UNKNOWN	WHITE
15.	UNKNOWN	NO
16.	UNKNOWN	ARTHUR SNOW BROKER
17.	UNKNOWN	SALESPERSON
18.	UNKNOWN	REAL ESTATE
19.	UNKNOWN	12
20.	UNKNOWN	630 E. TUJUNGA AVE. #1
21.	UNKNOWN	BURBANK
22.	UNKNOWN	LOS ANGELES
23.	UNKNOWN	91501
24.	UNKNOWN	51
25.	UNKNOWN	CALIFORNIA
26.	INYO COUNTY CORONER'S OFFICE	KATHY WEBBER, SISTER
27.	P.O. BOX 1175, BISHOP, CA. 93515	14450 LEFFINGWELL RD., WHITTIER, CA. 90604
28.	UNKNOWN	-
29.	UNKNOWN	-
30.	UNKNOWN	-
31.	UNKNOWN	HULON
32.	UNKNOWN	P.
33.	UNKNOWN	STONE
34.	UNKNOWN	AL
35.	UNKNOWN	DOROTHY
36.	UNKNOWN	F.
37.	UNKNOWN	CURRY
38.	UNKNOWN	MO
39.	-	

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER — I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	12. DATE SIGNED—MM/DD/CCYY	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
▶ Leon B. Brune	09/28/1995	LEON B. BRUNE, CORONER

14. ADDRESS—STREET AND NUMBER	15. CITY	16. STATE	17. ZIP CODE
325 W. ELM ST.	BISHOP	CA	93514

STATE/LOCAL REGISTRAR USE ONLY — 18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR: ▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — 19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY: OCT 2 4 1995

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 3AA (Rev. 1/94) 93 34419

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF INYO

RECORDER-REGISTRAR

INDEPENDENCE, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

3-1995-14-000121

USE BLACK INK ONLY - NO ERASURES, WHITEOUT OR ALTERATIONS

TYPE OR PRINT IN BLACK INK ONLY

PART I — INFORMATION TO LOCATE RECORD

1. NAME - FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
JOHN		DOE #1	MALE

5. DATE OF EVENT - MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
FOUND 09/04/1995	OLANCHA	INYO

PART II — INFORMATION AS IT APPEARS ON RECORD

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

IMMEDIATE CAUSE (A) UNDETERMINED

(B)

(C)

DUE TO (D)

3 of 4

108. TIME INTERVAL BETWEEN ONSET AND DEATH

109. DEATH REPORTED TO CORONER: [X] YES [ ] NO — AUTOPSY NUMBER 95-52

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [X] YES [ ] NO

111. USED IN DETERMINING CAUSE: [X] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE

114. MANNER OF DEATH	120. INJURY AT WORK	121. INJURY DATE—MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [X] COULD NOT BE DETERMINED	[ ] YES [ ] NO UNK.	UNKNOWN	UNK.	UNKNOWN

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

UNKNOWN

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

BODY FOUND IN DESERT AREA, 10-12 MILES S.E. OF OLANCHA, CALIFORNIA, 93549

PART III — INFORMATION AS IT SHOULD APPEAR

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

IMMEDIATE CAUSE (A) PRESUMPTIVE ASPHYXIATION

(B)

(C)

DUE TO (D)

108. TIME INTERVAL BETWEEN ONSET AND DEATH: MINS.

109. DEATH REPORTED TO CORONER: [X] YES [ ] NO — AUTOPSY NUMBER 95-52

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [X] YES [ ] NO

111. USED IN DETERMINING CAUSE: [X] YES [ ] 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. MANNER OF DEATH	120. INJURY AT WORK	121. INJURY DATE—MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] NATURAL [X] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED	[ ] YES [X] NO	04/--/1995	UNKNOWN	DESERT AREA

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

MUMMIFIED BODY FOUND IN DESERT AREA WITH PLASTIC BAG TAPED OVER HEAD.

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

BODY FOUND IN DESERT AREA, 10-12 MILES S.E. OF OLANCHA, CALIFORNIA, 93549.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	9. DATE SIGNED - MM/DD/CCYY	10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER
Leon B. Brune	10/06/1995	LEON B. BRUNE, CORONER

11. ADDRESS - STREET AND NUMBER	12. CITY	13. STATE	14. ZIP CODE
325 W. ELM ST.	BISHOP	CA	93514

STATE/LOCAL REGISTRAR USE ONLY

15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR

OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

16. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY: OCT 2 4 1995

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF INYO } ss

DATE ISSUED OCT 31 2012

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000029959

KAMMI R. FOOTE
RECORDER-REGISTRAR

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PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

STATE FILE NUMBER | [X] DEATH [ ] FETAL DEATH [ ] BIRTH | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3-1995-14-000121

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NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
	JOHN	-	DOE #1	MALE
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE	
	FOUND 09/04/1995	OLANCHA	INYO	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
40.	-	KATHY WEBBER'S RESIDENCE 14450 LEFFINGWELL RD., WHITTIER, CALIFORNIA, 90604
41.	PENDING	CR/RES

4 of 4

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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14. ADDRESS—STREET AND NUMBER	15. CITY	16. STATE	17. ZIP CODE
325 W. ELM ST.	BISHOP	CA	93514

STATE/LOCAL REGISTRAR USE ONLY | 18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR ▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS | 19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY: OCT 2 4 1995

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 11A (Rev. 7/95)
VS 11A(1)