

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052022292560

CERTIFICATE OF DEATH

3202233019078

| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
|---|--|---|--|
| 1. NAME OF DECEDENT—FIRST (Given) ALVIN | | 3. LAST (Family) HORN | |
| 2. MIDDLE CLAUDE | | 4. DATE OF BIRTH mm/dd/yyyy 03/11/1936 | |
| 5. AGE Yrs. 86 | | 6. SEX M | |
| 7. DATE OF DEATH mm/dd/yyyy 12/02/2022 | | 8. HOUR (24 Hours) 0910 | |
| 9. BIRTH STATE/FOREIGN COUNTRY TX | | 10. SOCIAL SECURITY NUMBER 455-52-5660 | |
| 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/SDP* (at Time of Death) MARRIED | |
| 13. EDUCATION—Highest Level/Degree (see worksheet on back) ASSOCIATE | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED FEDERAL REGIONAL DIRECTOR | | 16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MANAGEMENT | |
| 17. USUAL RESIDENCE (Street and number, or location) 14311 VICTOR DRIVE | | 18. YEARS IN OCCUPATION 35 | |
| 20. CITY MORENO VALLEY | | 21. COUNTY/PROVINCE RIVERSIDE | |
| 22. ZIP CODE 92553 | | 23. YEARS IN COUNTY 22 | |
| 24. STATE/FOREIGN COUNTRY CA | | 25. INFORMANT'S NAME, RELATIONSHIP PAMELA HORN-BROWN, DAUGHTER | |
| 26. NAME OF SURVIVING SPOUSE/SDP—FIRST GLORIA | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 10843 MORNING RIDGE DRIVE, MORENO VALLEY, CA 92557 | |
| 28. NAME OF FATHER/PARENT—FIRST TENOLIA | | 29. MIDDLE ANN | |
| 30. LAST (BIRTH NAME) CORMIER | | 31. NAME OF MOTHER/PARENT—FIRST JANIE | |
| 32. MIDDLE - | | 33. LAST (BIRTH NAME) WASHINGTON | |
| 34. BIRTH STATE TX | | 35. LAST (BIRTH NAME) HOLLEY | |
| 36. BIRTH STATE TX | | 37. DATE OF DEATH mm/dd/yyyy 12/21/2022 | |
| 38. PLACE OF FINAL DISPOSITION LOS ANGELES NATIONAL CEMETERY 950 SEPULVEDA BLVD, LOS ANGELES, CA 90049 | | 39. TYPE OF DISPOSITION(S) CREMATE/BURIAL | |
| 40. SIGNATURE OF EMBALMER NOT EMBALMED | | 41. LICENSE NUMBER FD1546 | |
| 42. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M. | | 43. DATE mm/dd/yyyy 12/20/2022 | |
| 44. PLACE OF DEATH KAISER FOUNDATION HOSPITAL-MORENO VALLEY | | 45. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice | |
| 46. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> | | 47. CITY MORENO VALLEY | |
| 48. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) ASYSTOLE (B) HYPOXIA (C) INFLUENZA (D) PARKINSON'S DISEASE, UNSPECIFIED DEMENTIA 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO 113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 49. TIME INTERVAL BETWEEN ONSET AND DEATH (A) HRS (B) HRS (C) DAYS (D) DAYS 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> 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/yyyy 05/18/2022 Decedent Last Seen Alive mm/dd/yyyy 12/02/2022 | | 115. SIGNATURE AND TITLE OF CERTIFIER MARINOR ANNE M. CONCEPCION, DO 116. LICENSE NUMBER 20A19102 117. DATE mm/dd/yyyy 12/16/2022 | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARINOR ANNE M CONCEPCION, DO 12815 HEACOCK ST, MORENO VALLEY, CA 92553 | | 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 121. INJURY DATE mm/dd/yyyy | | 122. HOUR (24 Hours) | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) | | 126. SIGNATURE OF CORONER, DEPUTY CORONER | |
| 127. DATE mm/dd/yyyy | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| 129. STATE REGISTRAR A B C D E | | 130. FAX AUTH.# | |
| 131. CENSUS TRACT | | 132. CENSUS TRACT | |

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED

DEC 29 2022



035179393

Peter Alderson
PETER ALDASON
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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