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8 Attorneys for Plaintiff Toni Glin

9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
10 **COUNTY OF RIVERSIDE, PALM SPRINGS COURTHOUSE**

11 TONI GLIN,

12 Plaintiff,

13 v.

14 EISENHOWER HEALTH; DANIEL
SHEFFIELD, MD; GEORGE ISHAK, MD;
15 SANIYA MALIK, MD; JOAN K. DABU,
MD; and DOE 1 through DOE 50, inclusive,

16 Defendants.
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Case No. CVPS2300901

Unlimited Jurisdiction

Jury Trial Demanded

**COMPLAINT FOR WRONGFUL
DEATH AND SURVIVAL ACTIONS
SOUNDING IN**

**(1) CONSTRUCTIVE FRAUD,
(2) VIOLATION OF THE ELDER ABUSE
AND DEPENDENT ADULT CIVIL
PROTECTION ACT,
(3) NEGLIGENCE *PER SE*, AND
(4) INTENTIONAL INTERFERENCE
WITH CONTRACT; AND**

**DECLARATION OF SUCCESSOR IN
INTEREST TO JAMES PERRY MYERS**

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1 Plaintiff Toni Glin alleges:

2 **I. Parties, Jurisdiction, and Venue**

3 1. Plaintiff Toni Glin (Toni) is an individual residing in Riverside County. The
4 decedent, James Perry Myers (James), was Toni's father.

5 2. Plaintiff has executed and filed with this complaint a sworn declaration of
6 successor-in-interest pursuant to Code of Civil Procedure Section 377.32. Plaintiff, as successor-
7 in-interest, seeks survivor action general damages pursuant to Code of Civil Procedure Section
8 377.30, *et seq.*, including 377.34, subdivision (b), and wrongful death general and special
9 damages pursuant to Code of Civil Procedure Section 377.60, *et seq.*

10 3. James suffered injury, and death, at Eisenhower Health (EH) located at 39000
11 Bob Hope Drive, Rancho Mirage, California 92270.

12 4. EH is a non-profit entity with its principal place of business in Rancho Mirage,
13 California.

14 5. Defendants George Ishak, MD, Saniya Malik, MD, and Joan K. Dabu, MD are
15 licensed physicians of unknown domicile who had privileges to provide medical care at EH.

16 6. Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25, were each actual,
17 apparent and/or ostensible agents of EH.

18 7. The true name and capacity and/or bases of liability of DOE 1 through DOE 50,
19 inclusive, is unknown, and Plaintiff will seek leave to amend this complaint to identify their true
20 names and capacities when known.

21 8. On information and belief, each of the fictitiously named DOE defendants is
22 responsible for, or has contributed to, the loss and damages alleged herein and the matters giving
23 rise to the relief sought.

24 9. The conduct giving rise to the causes of action alleged herein occurred within the
25 City of Rancho Mirage and the County of Riverside.

1 10. Plaintiff seeks a damages award of more than the \$25,000 jurisdictional limit.

2 **II. Introduction**

3 11. James’s risk of death from COVID-19 was well below 1%. That risk drastically
4 changed for the worse, and James suffered injury and was killed, when he went to EH because
5 his healthcare providers did not disclose available highly effective, low cost, and low risk
6 treatments, or allow James to choose his treatment, and instead administered very high risk and
7 contraindicated – but high profit – drugs without disclosing any risks.

8 **III. Personal Autonomy and Consent to Medical Treatment**

9 12. In *Thor v. Superior Court* (1993) 5 Cal.4th 725, the California Supreme Court
10 states:

11 “More than a century ago, the United States Supreme Court declared, ‘No right is
12 held more sacred, or is more carefully guarded, by the common law, than the right of every
13 individual to possession and control of his own person, free from all restraint or
14 interference of others, unless by clear and unquestionable authority of law...’ ‘The right to
15 one’s person may be said to be a right of complete immunity: to be let alone.’ [Citation.]’
16 (Union Pacific Railway Co. v. Botsford (1891) 141 U.S. 250, 251 [Citation.]) Speaking
17 for the New York Court of Appeals, Justice Benjamin Cardozo echoed this precept of
18 personal autonomy in observing, ‘Every human being of adult years and sound mind has a
19 right to determine what shall be done with his own body...’ (Schloendorff v. Society of
20 New York Hospital (1914) 211 N.Y. 125 [Citation.], overruled on other grounds in
21 [Citation.]) And over two decades ago, Justice Mosk reiterated the same principle for this
22 court: ‘[A] person of adult years and in sound mind has the right, in the exercise of control
23 over his body, to determine whether or not to submit to lawful medical treatment.’” (Cobbs
24 v. Grant (1972) 8 Cal.3d 229, 242 [Citation.].) *Id.* at 731.

18 13. A person of adult years and in sound mind has the right, in the exercise of control
19 over his or her own body, to determine whether or not to submit to lawful medical treatment.

20 14. James had the right to determine whether or not to submit to lawful medical
21 treatment.

22 **IV. Constructive Fraud by Nondisclosure**

23 15. A fiduciary must tell its principal of all information it possesses that is material to
24 the principal’s interests. A fiduciary’s failure to share material information with the principal is
25 constructive fraud.

1 16. A physician is under a fiduciary duty to disclose to the patient, or the patient’s
2 representative if the patient is incapacitated, all information material to a patient’s decision to
3 receive or decline a particular medical treatment.

4 17. A physician is under a fiduciary duty to disclose medical errors to a patient.

5 18. A physician must disclose personal interests unrelated to a patient’s health,
6 whether research or economic, that may affect the physician’s professional judgment.

7 19. It is medically unethical to administer an unnecessary medical treatment.

8 20. It is medically unethical, and a violation of California, federal, and International
9 laws, to administer a medical treatment without informed consent.

10 21. Constructive fraud occurs when a physician breaches his or her fiduciary duty to
11 disclose material information to their patient. No fraudulent intent is required, and reasonable
12 reliance on the nondisclosure is presumed.

13 22. Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25, each held a fiduciary
14 duty to James as his physician.

15 **V. Remdesivir**

16 23. Remdesivir is a failed Ebola drug that was found to be terminally toxic to the
17 kidneys. It was pulled from an Ebola study because more than fifty-three-percent (53%) of the
18 Remdesivir recipients died.

19 24. In COVID-19 healthcare circles across the country, Remdesivir has carried the
20 nickname “Run, death is near.”

21 25. According to Peter McCullough, MD: “Remdesivir has two problems: First, it
22 doesn’t work. Second, it is toxic and kills people.”

23 26. Remdesivir is medically unnecessary for treatment of COVID-19.

24 27. An extensive study sponsored by the World Health Organization (WHO),
25 conducted in 405 hospitals across 30 countries on more than 10,000 patients, found that

1 Remdesivir does not help patients with COVID-19 survive, and that it does not shorten the
2 recovery time for those COVID-19 patients who do survive.

3 28. On November 19, 2020 the WHO's Guideline Development Group, a panel of
4 international experts who provide advice to the agency, published their conclusion that there is
5 no evidence that Remdesivir has meaningful effect on mortality or on other important outcomes
6 for COVID-19 patients.

7 29. On November 20, 2020 the World Health Organization published its conditional
8 recommendation that physicians do not treat COVID-19 patients with Remdesivir. The
9 conditional recommendation meant that there was not enough evidence to support its use.

10 30. Remdesivir presents risk of serious injury and death. Remdesivir presents a
11 roughly three-thousand-percent (3,000%) increase in the rate of acute renal failure as compared
12 to other drugs prescribed in comparable situations, and roughly one (1) out of every five (5)
13 hospitalized COVID-19 patients who receives Remdesivir suffers acute renal failure.

14 31. On information and belief, EH, Drs. Ishak, Malik, and Dabu, and DOE 1 through
15 DOE 25, had a financial interest in the form of bonus or incentive if Remdesivir was
16 administered to James.

17 **VI. Dexamethasone**

18 32. Dexamethasone is a corticosteroid with a Black Box Warning label due to its
19 severe risk.

20 33. A Black Box Warning is the strongest advisory that a prescription drug can
21 contain without being pulled from the market in the United States.

22 34. Dexamethasone is not FDA approved for treatment of COVID-19.

23 35. Dexamethasone presents a safety risk of worsening hyperglycemia in patients
24 with diabetes mellitus and it presents risk of infections, changes in blood pressure, damage to
25 bones, psychiatric problems, and adrenal dysfunction.

1 **VII. Tocilizumab**

2 36. Tocilizumab is an immunosuppressive agent that comes with a Black Box
3 Warning label due to its severe risk. It was FDA approved for the treatment of rheumatoid
4 arthritis, but not approved for treatment of COVID-19.

5 37. Tocilizumab received experimental Emergency Use Authorization for COVID-19,
6 and it remained in clinical trials at the time it was administered to James.

7 38. Patients treated with Tocilizumab are at an increased risk for developing serious
8 infections that may lead to death.

9 39. The Black Box Warning label for Tocilizumab states that Tocilizumab should not
10 be administered to a patient with an active infection.

11 **VIII. Highly Effective Safe and Low Risk Treatment**

12 40. Safe and low risk treatment for COVID-19 patients using well-studied off-label
13 medications has been the community standard of care for physicians in Southern California and
14 nationwide since the beginning of pandemic.

15 41. Safe and low risk treatment for COVID-19 patients has been proven to be highly
16 effective.

17 42. Local Southern California physicians George Fareed, MD and Brian Tyson, MD
18 have treated more than 20,000 COVID-19 patients and had zero (0) patient deaths when
19 treatment began within 7 days of the onset of symptoms.

20 43. Safe and low risk treatment for COVID-19 patients is extremely low in cost and
21 provides no financial bonus or incentive to EH or the physicians working there.

22 44. Highly effective, safe, and low risk treatment is also available for post-viral
23 pneumonia and sepsis.

24 **IX. James's Visits to EH**

25 45. James underwent hip replacement surgery on February 10, 2021.

1 b. were the responsible physician for James when the Remdesivir,
2 Dexamethasone, and/or Tocilizumab was administered.

3 54. The administration of Remdesivir, Dexamethasone, and Tocilizumab to James by
4 other personnel at EH was performed within the scope and course of work under the order and
5 supervision of Drs. Ishak, Malik, and Dabu, and/or DOE 1 through DOE 25.

6 55. James, Toni, and a reasonable patient in the position of James, would have wanted
7 to know, and Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25, knew or should have
8 known, that they would have wanted to know, the following material information – which was
9 never disclosed to them – before determining whether or not to submit to treatment with
10 Remdesivir, Dexamethasone, or Tocilizumab:

11 a. Remdesivir is a failed Ebola drug that was found to be terminally toxic to
12 the kidneys. It was pulled from an Ebola study because more than fifty-three-percent (53%) of
13 the Remdesivir recipients died;

14 b. In COVID-19 healthcare circles across the country, Remdesivir has
15 carried the nickname “Run, death is near”;

16 c. According to Peter McCullough, MD: “Remdesivir has two problems:
17 First, it doesn’t work. Second, it is toxic and kills people”;

18 d. Remdesivir is medically unnecessary for treatment of COVID-19. An
19 extensive study sponsored by the World Health Organization, conducted in 405 hospitals across
20 30 countries on more than 10,000 patients, found that Remdesivir does not help patients with
21 COVID-19 survive, and that it does not shorten the recovery time for those COVID-19 patients
22 who do survive;

23 e. On November 19, 2020 the World Health Organization’s Guideline
24 Development Group, a panel of international experts who provide advice to the agency,
25 published their conclusion that there is no evidence that Remdesivir has meaningful effect on

1 mortality or on other important outcomes for COVID-19 patients, such as the need for
2 mechanical ventilation or time for clinical improvement;

3 f. On November 20, 2020 the World Health Organization published its
4 conditional **recommendation that physicians do not treat COVID-19 patients with**
5 **Remdesivir** because there was not enough evidence to support its use;

6 g. Remdesivir presents risk of serious injury and death. Remdesivir presents
7 a roughly three-thousand-percent (3,000%) increase in the rate of acute renal failure as
8 compared to other drugs prescribed in comparable situations, and roughly one (1) out of every
9 five (5) hospitalized COVID-19 patients who receives Remdesivir suffers acute renal failure;

10 h. On information and belief, EH, Drs. Ishak, Malik, and Dabu, and DOE 1
11 through DOE 25, had a financial interest in the form of bonus or incentive if Remdesivir was
12 administered to James;

13 i. Dexamethasone was a Black Box Warning drug due to its extreme risk,
14 including worsening hyperglycemia, risk of infections, changed in blood pressure, damage to
15 bones, psychiatric problems, and adrenal dysfunction;

16 j. Tocilizumab is an immunosuppressive agent that comes with a Black Box
17 Warning label due to its severe risk. It was FDA approved for the treatment of rheumatoid
18 arthritis, but not approved for treatment of COVID-19;

19 k. Tocilizumab received experimental Emergency Use Authorization for
20 COVID-19, and it remained in clinical trials at the time it was administered to James;

21 l. Patients treated with Tocilizumab are at an increased risk for developing
22 serious infections that may lead to death;

23 m. The Black Box Warning label for Tocilizumab states that Tocilizumab
24 should not be administered to a patient with an active infection;

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1 n. Safe and low risk treatment for COVID-19 patients using well-studied off-
2 label medications has been the community standard of care for physicians in Southern California
3 and nationwide since the beginning of pandemic;

4 o. Safe and low risk treatment for COVID-19 patients has been proven to be
5 highly effective;

6 p. Local Southern California physicians George Fareed, MD and Brian
7 Tyson, MD treated COVID-19 patients and had zero (0) patient deaths when treatment began
8 within 7 days of the onset of symptoms;

9 q. Highly effective, safe and low risk treatment for COVID-19 patients is
10 extremely low in cost and provides no financial bonus or incentive to EH or the physicians
11 working there;

12 r. James was a prime candidate for safe and low risk treatment for COVID-
13 19 because it had been less than 7 days since the onset of his symptoms;

14 s. A COVID-19 PCR test does not measure infectiousness, and a positive
15 result does not determine the presence of a viable SARS-CoV-2 virus or active infection; and

16 t. Highly effective, safe and low risk treatment was available to James for
17 post-viral pneumonia and other bacterial infections.

18 56. Before James was given Remdesivir, Dexamethasone, and Tocilizumab, he faced
19 an extremely low risk (a less than 1% chance) of death from COVID-19.

20 57. Had Drs. Ishak, Malik, and Dabu, and/or DOE 1 through DOE 25, provided
21 James or Toni with disclosure of (a) the risks of Remdesivir, Dexamethasone, or Tocilizumab (b)
22 the financial incentive to the physicians' and/or their principal, EH, for the administration of
23 Remdesivir, and/or (c) the availability and risk of alternative treatment, both James and Toni,
24 and a reasonable patient in the position of James, would have refused the treatment and would
25 have chosen a highly effective, safe and low risk treatment instead.

1 58. The nondisclosures did not concern minor or remote risks or conflict. To the
2 contrary, the nondisclosures concerned severe and extreme risks and a substantial conflict of
3 interest.

4 59. James and Toni suffered harm.

5 60. The inaction of Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25, in
6 failing to provide fiduciary disclosures to James or Toni, was a substantial factor in causing
7 James to experience extreme and enduring pre-death pain and suffering and in causing Toni to
8 suffer lost love, companionship, care, assistance, protection, affection, guidance, society, and
9 moral support, when James died at EH, along with substantial economic loss.

10 61. Had James received highly effective, safe and low risk treatment instead of the
11 treatment provided by Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25, he would not
12 have experienced pre-death pain and suffering at EH and he would not have died.

13 62. EH and DOE 26 through DOE 50 is directly and/or vicariously liable for the
14 conduct of Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25.

15 63. An officer, director, and/or managing agent of EH authorized, approved,
16 and/ratified the conduct of Drs. Ishak, Malik, and Dabu, and DOE 1 through DOE 25.

17 64. Toni Glin prays for entry of judgment in her favor and against Eisenhower Health,
18 George Ishak, MD, Saniya Malik, MD, and Joan K. Dabu, MD, and DOE 1 through DOE 50,
19 inclusive, for survivor pre-death pain and suffering general damages, wrongful death general and
20 special damages, costs of suit, and for such other and further relief as the court deems just.

21 65. Toni Glin reserves the right to move this court, with supporting evidence, for
22 leave to amend this complaint and seek an award of punitive and exemplary damages against all
23 defendants.

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1 **SECOND CAUSE OF ACTION**

2 **By:**
3 **TONI GLIN**

4 **Against:**
5 **EISENHOWER HEALTH; DANIEL SHEFFIELD, MD; GEORGE ISHAK, MD;**
6 **SANIYA MALIK, MD; JOAN K. DABU, MD; and DOE 1 through DOE 50, inclusive**

7 **For:**
8 **SURVIVAL ACTION AND WRONGFUL DEATH**
9 **SOUNDING IN VIOLATION OF THE ELDER ABUSE AND DEPENDENT ADULT**
10 **CIVIL PROTECTION ACT**

11 66. Paragraphs 1 through 51 and 53 through 63 are re-alleged.

12 67. James was an elder.

13 68. Each defendant had care of custody of James.

14 69. The conduct of each defendant who authorized and/or ordered the administration
15 of Remdesivir, Dexamethasone, and/or Tocilizumab to James constituted physical abuse under
16 Welfare and Institutions Code section 15610.63 and/or a failure to protect from health and safety
17 hazards, and neglect, under Welfare and Institutions Code section 15610.57.

18 70. The conduct of each defendant was reckless, fraudulent, and/or oppressive.

19 71. Toni Glin prays for entry of judgment in her favor and against Eisenhower Health,
20 George Ishak, MD, Saniya Malik, MD, and Joan K. Dabu, MD, and DOE 1 through DOE 50,
21 inclusive, for survivor pre-death pain and suffering general damages, wrongful death general and
22 special damages, costs of suit, and for such other and further relief as the court deems just.

23 72. Toni Glin reserves the right to move this court, with supporting evidence, for
24 leave to amend this complaint and seek an award of punitive and exemplary damages against all
25 defendants.

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1 **THIRD CAUSE OF ACTION**

2 **By:**
3 **TONI GLIN**

4 **Against:**
5 **EISENHOWER HEALTH; and DOE 26 through DOE 50, inclusive**

6 **For:**
7 **SURVIVAL ACTION AND WRONGFUL DEATH**
8 **SOUNDING IN NEGLIGENCE *PER SE***

9 73. Paragraphs 1 through 51 and 53 through 63 are re-alleged.

10 74. From the late 1920s, California courts have staunchly protected the right of
11 physicians to practice medicine without being subject to potential interference by corporate
12 employers.

13 75. California's ban on the corporate practice of medicine is designed to prevent the
14 conflict between the professional standards and obligations of medical professionals and the
15 profit motive of the corporate employer.

16 76. Under Business and Professions Code § 2052, only a person with a valid,
17 unrevoked, or unsuspended certificate of authorization under California law may practice any
18 system or mode of treating the sick or afflicted in this state.

19 77. Defendants to this cause of action are not persons with a valid, unrevoked, or
20 unsuspended certificate of authorization under California law to practice medicine.

21 78. Any person or entity who violates Business and Professions Code § 2052 is guilty
22 of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by
23 imprisonment pursuant to Penal Code § 1170, by imprisonment in a county jail not exceeding
24 one year, or by both the fine and either imprisonment.

25 79. The remedy provided in Business and Professions Code § 2052 does not preclude
any other remedy by law.

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1 80. No federal or California agency ever mandated Remdesivir, Dexamethasone, and
2 Tocilizumab for treatment of COVID-19 patients.

3 81. A federal agency offered a significant financial incentive to EH to have
4 Remdesivir administered to COVID-19 patients.

5 82. On information and belief, Defendants to this cause of action established a
6 “protocol” which mandated physicians at EH, under threat of loss of privileges, loss of
7 employment or agency, or other forms of coercion or financial incentives, to administer
8 Remdesivir to EH patients with a COVID-19 diagnosis.

9 83. On information and belief, Defendants to this cause of action instructed,
10 incentivized, or otherwise coerced physicians at EH to refrain from disclosing the risks of
11 Remdesivir to EH patients with a COVID-19 diagnosis.

12 84. On information and belief, Defendants to this cause of action instructed,
13 incentivized, or otherwise coerced physicians at EH to refrain from disclosing the financial
14 incentive to EH which Remdesivir is administered to EH patients with a COVID-19 diagnosis.

15 85. On information and belief, Defendants to this cause of action instructed,
16 incentivized, or otherwise coerced physicians at EH to refrain from disclosing alternative
17 diagnoses and/or alternative treatments to EH patients with a COVID-19 diagnosis.

18 86. Defendants to this cause of action violated Business and Professions Code § 2052.

19 87. Business and Professions Code § 2052 was enacted for safety purposes.

20 88. The conduct of Defendants to this cause of action was a substantial factor in
21 causing James to experience extreme and enduring pre-death pain and suffering and in causing
22 Toni to suffer lost love, companionship, care, assistance, protection, affection, guidance, society,
23 and moral support, when James died at EH, along with substantial economic loss.

24 89. The harm suffered by James and Toni was of the type that Business and
25 Professions Code § 2052 was designed to prevent.

1 90. James and Toni were members of the protected class of Business and Professions
2 Code § 2052.

3 91. The conduct of Defendants to this cause of action was negligent *per se*.

4 92. EH is directly and/or vicariously liable for the conduct of DOE 26 through DOE
5 50, inclusive.

6 93. Toni Glin prays for entry of judgment in her favor and against Eisenhower Health,
7 and DOE 26 through DOE 50, inclusive, for survivor pre-death pain and suffering general
8 damages, wrongful death general and special damages, costs of suit, and for such other and
9 further relief as the court deems just.

10 94. Toni Glin reserves the right to move this court, with supporting evidence, for
11 leave to amend this complaint and seek an award of punitive and exemplary damages against all
12 defendants.

13 **FOURTH CAUSE OF ACTION**

14 **By:**
15 **TONI GLIN**

16 **Against:**
EISENHOWER HEALTH; and DOE 26 through DOE 50, inclusive

17 **For:**
18 **SURVIVAL ACTION AND WRONGFUL DEATH**
SOUNDING IN INTENTIONAL INTERFERENCE WITH CONTRACT

19 97. Paragraphs 1 through 51, 53 through 63, and 74 through 92, are re-alleged.

20 98. Contracts existed between James as a patient, on the one hand, and Drs. Ishak,
21 Malik, and Dabu, and DOE 1 through DOE 25, inclusive, as physicians, on the other hand.

22 99. Defendants to this cause of action knew of the contracts.

23 100. The conduct of Defendants to this cause of action prevented performance or made
24 performance more expensive or difficult.

25 ///

EXHIBIT 1

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052021064606

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY! NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-1 (REV. 5/08)

3202133004439

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT- FIRST JAMES		2. MIDDLE PERRY		3. LAST (family) MYERS	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/22/1929		5. AGE Yrs. Mths. Ds. 91	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 02/22/2021		8. HOUR (24 Hour) 1223	
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER XXXXXXXXXX		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		13. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		14. WAS DECEDENT HISPANIC/LATINO/A/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 ENGINEER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. YEARS IN OCCUPATION 26	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TELEPHONE COMPANY		19. DECEDENT'S RESIDENCE (Street and number, or location) 83839 LEGEND TRAIL			
20. CITY INDIO		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92203	
24. YEARS IN COUNTY 8		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ELIZABETH MYERS, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 83839 LEGEND TRAIL, INDIO, CA 92203			
28. NAME OF SURVIVING SPOUSE/SRDP-FIRST ELIZABETH		29. MIDDLE LOIS		30. LAST (BIRTH NAME) FRIEND	
31. NAME OF FATHER/PARENT-FIRST PERRY		32. MIDDLE NATHAN		33. LAST MYERS	
34. BIRTH STATE ND		35. NAME OF MOTHER/PARENT-FIRST HELEN		36. MIDDLE GEORGINE	
37. LAST (BIRTH NAME) RODGERS		38. BIRTH STATE WA			
39. DISPOSITION DATE mm/dd/yyyy 03/04/2021		40. PLACE OF FINAL DISPOSITION RES. ELIZABETH MYERS 83839 LEGEND TRAIL, INDIO, CA 92203			
41. TYPE OF DISPOSITIONS CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT HEMET VALLEY MORTUARY		45. LICENSE NUMBER FD833		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 03/04/2021					
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 39000 BOB HOPE DR		106. CITY RANCHO MIRAGE	
107. 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. (A) ACUTE RESPIRATORY FAILURE (B) PNEUMONIA (C) COVID-19		Time Interval Between Onset and Death (A) DAYS 2021-04022 (B) DAYS (C) 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	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATRIAL FIBRILLATION, HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		113A. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
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 (A) 02/19/2021 Decedent Last Seen Alive: mm/dd/yyyy (B) 02/22/2021		115. SIGNATURE AND TITLE OF CERTIFIER CHARLES GABRIEL UKPONG M.D.		116. LICENSE NUMBER A104247	
117. DATE mm/dd/yyyy 03/04/2021		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHARLES GABRIEL UKPONG M.D. 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270			
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	
STATE REGISTRAR		A B C D E		FAX AUTH.#	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
 COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Mar 8, 2021**

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

Cameron Kaiser
 Dr. Cameron Kaiser, M.D., County Health Officer
 RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE