MAY 5 10 51 AM 1972

63813

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Vol. M72 Page 4770

A300-02372

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
STANLEY	-	ROWLEY	ARRIL 29, 1971	10:55 B

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	England	April 14, 1906	65 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
John H. Rowley - England	Mary E. Methres - England

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U. S. A.	573 14 1451	Married	Irene Grant

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Glass Blower	26	Owen - Illinois Co.	Glass

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Stanford University Hospital	-	No

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Stanford	Santa Clara	5 weeks YEARS	5 weeks YEARS

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
5646 Schiesel Avenue	Yes	Mrs. Irene Rowley 5646 Schiesel Avenue Klamath Falls, Oregon

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Klamath Falls	Klamath	Oregon

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT MY HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. INVESTIGATION OF INQUEST

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND LAST SAW DECEASED ALIVE ON

FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	TOTAL ELAPSED TIME (HOURS, DAYS, YEARS)
3 26 71	4 29 71	4 29 71

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Kenneth Yamadera

21d. DATE SIGNED: 4/30/71

21e. ADDRESS: Stanford University Hosp

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G13929

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE AND LICENSE NUMBER
Cremation	5/3/71	Chapel of Memories, Oakland, Calif.	D. Ron B. Williams #5055

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED BY LOCAL REGISTRAR
Charles P. Bannon, Inc.	No	W. Elwyn Turner MD	MAY 3 - 1971

29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Bilateral pneumonia, herpes simplex infection	1 mo.
DUE TO, OR AS A CONSEQUENCE OF (B)	Leukopenia - thrombocytopenia	2 yrs
DUE TO, OR AS A CONSEQUENCE OF (C)	Stage IV Lymphosarcoma	8 yrs

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I

Possible acute myelogenous leukemia

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
YES. Lung biopsy	YES	No

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

Certified as a true copy of the official document filed in this office
May 7, 1971
Certification Fee: $2.00

W. Elwyn Turner MD
Local Registrar of Vital Statistics
Santa Clara Co. Health Dept.
San Jose, California 95128

Daniel M. Neria
Deputy Registrar of Vital Statistics
Santa Clara Co. Health Dept.
San Jose, California 95128

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO

this 5th day of MAY A. D., 19 72 at 10;51 o'clock A M., and duly recorded in Vol. M 72, of DEEDS on Page 4770

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Dragt