MAY 5 10 51 AM 1972

63813

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Volume Page 4770

A300-02372

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

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

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

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

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

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

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

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

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

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

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

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) 3/26/71 TO (ENTER MONTH, DAY, YEAR) 4/29/71 AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR) 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: Cremation
22b. DATE: 5/3/71
23. NAME OF CEMETERY OR CREMATORY: Chapel of Memories, Oakland, Calif.
24. EMBALMER—SIGNATURE OF BODY EMBALMED: D. Ron B. Williams
24a. LICENSE NUMBER: 5055

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

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

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

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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 AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): YES Lymphoma
32a. AUTOPSY (SPECIFY YES OR NO): YES
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): 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

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

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

W. Elwyn Turner MD

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

Carol M. Maria

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 Dragel