21188

'76 NOV 4 AM 11 09 Vol. M 76 Page 17536

This is to Certify that, if bearing the Official Seal of the County of San Diego Department of Public Health, this is a true and correct copy of the original document filed.

John R. Philip MD
Director

FEE PAID: $2.00

DATED: SEP 23 1976

COUNTY OF SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 Pacific Hwy., San Diego, CA 92101

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 8009 08492

- 1a. NAME OF DECEASED—FIRST NAME: J
- 1b. MIDDLE NAME: Foy
- 1c. LAST NAME: Swinney
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: September 18, 1976
- 2b. HOUR: 2:00 P. M
- 3. SEX: Male
- 4. COLOR OR RACE: Caucasian
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Alabama
- 6. DATE OF BIRTH: September 16, 1927
- 7. AGE (LAST BIRTHDAY): 49 YEARS
- IF UNDER 1 YEAR / IF UNDER 24 HOURS:
- 8. NAME AND BIRTHPLACE OF FATHER: Joe F. Swinney - Alabama
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unknown, Lawler- Alabama
- 10. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11. SOCIAL SECURITY NUMBER: 424-26-4100
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mary Jane Ward
- 14. LAST OCCUPATION: Mechanic
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 6
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Civil Service
- 17. KIND OF INDUSTRY OR BUSINESS: Federal Government
- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Naval Regional Medical Center
- 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): Park Blvd
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: San Diego
- 18e. COUNTY: San Diego
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 18 YEARS
- 18g. LENGTH OF STAY IN CALIFORNIA: 18 YEARS
- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1471 Louden Lane
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: Imperial Beach
- 19d. COUNTY: San Diego
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Mary J. Swinney-wife, 1471 Louden Lane, Imperial Beach, Ca. 92032
- 21a. CORONER:
- 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 9-16-76 TO 9-18-76 AND LAST SAW THE DECEASED ALIVE 9-18-76
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: *Robert C Ewing MD*
- 21d. DATE SIGNED: 9-20-76
- 21e. ADDRESS: Robert C. EWING, LT MC USN, NavRegMedCen, San Diego, Calif.
- 21f. PHYSICIAN'S LICENSE NUMBER: None (USN)
- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Cremation Scatter at Sea
- 22b. DATE: 9/21/76
- 23. NAME OF CEMETERY OR CREMATORY: Rosedale Crematory, Los Angeles
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Not Embalmed
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): The Neptune Society
- 26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No
- 27. LOCAL REGISTRAR—SIGNATURE: *John R. Philip MD*
- 28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: SEP 21 1976
- 29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
  - (A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week
  - (B) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma, lung, metastatic — Over 3 mos
  - (C) DUE TO, OR AS A CONSEQUENCE OF:
  - 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:
- 31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY): Thoracotomy biopsy
- 32a. AUTOPSY (SPECIFY YES OR NO): Yes
- 32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes
- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
- 34. PLACE OF INJURY:
- 35. INJURY AT WORK:
- 36. DATE OF INJURY—MONTH, DAY, YEAR:
- 36a. 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?:
- 39. WERE LABORATORY TESTS DONE FOR ALCOHOL?:
- 40. DESCRIBE HOW INJURY OCCURRED: A. B. C. D.

Ret. Mary J. Swinney, 1471 Louden Ln, Imperial Beach Calif 92032

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 4th day of NOVEMBER A.D., 19 76 at 11;09 o'clock A M., and duly recorded in Vol M 76, of DEEDS on Page 17536.

WM. D. MILNE, County Clerk

By *Hazel Drazil* Deputy

FEE $ 3.00

Ret 3.00