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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Lucille,	F.	Sockwell	February 11, 1981	0750

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)	
Female	cauc		March 11, 1915	65 YEARS	

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
WV	Roy Casteel-unk	Mable Meyers-unk

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	381-24-3322	married	James H Sockwell

15. USUAL OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
waitress	15	unknown	food handling

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
4927 Palm Ave		La Mesa

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	Ca	James R Sockwell-son Olive Wood Inn Alpine, Ca 92001

21A. PLACE OF DEATH	21B. COUNTY
Grossmont Hospital	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
5555 Grossmont Center	La Mesa

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Malignant Lymphoma	2weeks
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) DUE TO, OR AS A CONSEQUENCE OF		
(C) DUE TO, OR AS A CONSEQUENCE OF		

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	Yes	Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: none

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Lymph node biopsy DATE: Jan. 1981

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ATTENDED DECEDENT SINCE)	(LAST SAW DECEDENT ALIVE)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
2-9-81	2-10-81	Thomas Callan, MD	2-12-81	G-26074

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Thomas Callan, MD 5565 Grossmont Center Dr Bldg 3 Suite 551 San Diego, Ca

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
cremation	2-19-81	Leneta Corp El cajon Ca	not embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
NEPTUNE OF SAN DIEGO	Ronald L. Powers, M.D.	FEB 17 1981

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (10-78)

Rt 1 James Sockwell
Rt 1 Box 596
Bonanza, Or. 97623

Ronald L. Powers, M.D.
SAN DIEGO DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HWY. SAN DIEGO, CA. 92101

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

FEE PAID: $3.00 DATED: FEB 19 '81

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 May A.D., 1981 at 9:31 o'clock A M., and duly recorded in Vol M81 of Deeds on page 7863.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK
By Debra A Jansen Deputy