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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

M83 Page 388

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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.

SAN DIEGO DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HWY., SAN DIEGO, CA 92101

FEE PAID: $3.00
DATED: JUL 26 1982

1A. NAME OF DECEDENT—FIRST: JOSEPH	1B. MIDDLE: DEWEY	1C. LAST: BOWMAN	2A. DATE OF DEATH (MONTH, DAY, YEAR): July 25, 1982
3. SEX: Male	4. RACE: Cauc.	5. ETHNICITY: American	6. DATE OF BIRTH: May 19, 1904
7. AGE: 78 years			2B. HOUR: 0945
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Mississippi	9. NAME AND BIRTHPLACE OF FATHER: Unk. Unk.		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Unk. Unk.
11. CITIZEN OF WHAT COUNTRY: U.S.A.	12. SOCIAL SECURITY NUMBER: 561-54-2745	13. MARITAL STATUS: Widowed	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): -
15. PRIMARY OCCUPATION: Maintenanceman	16. NUMBER OF YEARS THIS OCCUPATION: 10	17. EMPLOYER (IF SELF EMPLOYED, SO STATE): Co. of San Diego	18. KIND OF INDUSTRY OR BUSINESS: Co. of San Diego
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 9211 Pennywood Rd.	19B.		19C. CITY OR TOWN: Santee
19D. COUNTY: San Diego	19E. STATE: California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mrs. Bernice V. Tinsley, executor ~~9211 Pennywood~~ Rd. ~~Santee, Ca. 92071~~ P.O. Box 15145 San Diego CA 92115
21A. PLACE OF DEATH: Alvarado Conv. Hospital	21B. COUNTY: San Diego		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6599 Alvarado Rd.	21D. CITY OR TOWN: San Diego		

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

IMMEDIATE CAUSE (A) Carcinoma lung. — 6 mos

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

DUE TO, OR AS A CONSEQUENCE OF (B) anemia — 60 yrs

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS DISEASE DIAGNOSED? Yes

26. WAS AUTOPSY PERFORMED? No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: C.O.L.D., hypertension

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No DATE:

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Martin M Nosan MD	28C. DATE SIGNED: 7/26/82	28D. PHYSICIAN'S LICENSE NUMBER: C-37196
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 6/13/82	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 6-13-82	28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Martin M. Nosan, 7430 Jackson Dr., 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: Cremation	37. DATE—MONTH, DAY, YEAR: July 27, 1982	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Cypress View Crematory, San Diego, Ca.	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: not embalmed	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): FEATHERINGILL MORTUARY 1083	41. LOCAL REGISTRAR—SIGNATURE: Ronald L. Ramos, M.D. mm		42. DATE ACCEPTED BY LOCAL REGISTRAR: JUL 26 1982	

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

STATE OF OREGON; COUNTY OF KLAMATH;ss
I hereby certify that the within instrument was received and filed for record on the 10 day of Jan A.D.,19 83 at 9:53 o'clock A M and duly recorded in Vol M83, of Deeds on page 388

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Joyce M. Thom Deputy