

38501

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. 38 Page 11369

4900-1176

1A. NAME OF DECEDENT—FIRST WILLIAM		1B. MIDDLE NELSON		1C. LAST HOWELL		2A. DATE OF DEATH (MONTH, DAY, YEAR) MAY 31, 1983		2B. HOUR 1720	
3. SEX MALE		4. RACE WHITE		5. ETHNICITY AMERICAN		6. DATE OF BIRTH JULY 1, 1923		7. AGE 59	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) LOS ANGELES, CA.		9. NAME AND BIRTHPLACE OF FATHER FRANK A. HOWELL: PENNSYLVANIA		10. BIRTH NAME AND BIRTHPLACE OF MOTHER ESTHER M. NELSON: CHICAGO		11. CITIZEN OF WHAT COUNTRY U. S. A.		12. SOCIAL SECURITY NUMBER 534 - 16 - 9399	
13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) NANCY ROLPH		15. PRIMARY OCCUPATION MASTER MARINER		16. NUMBER OF YEARS THIS OCCUPATION OVER 30		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) STANDARD OIL OF CALIFORNIA	
18. KIND OF INDUSTRY OR BUSINESS CHEMICAL TRANSPORTATION		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 960 DANIEL STREET		19B. CITY OR TOWN SEBASTOPOL		19C. COUNTY SONOMA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP MRS. NANCY R. HOWELL: WIFE	
21A. PLACE OF DEATH COMMUNITY HOSPITAL		21B. COUNTY SONOMA		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3325 CHANATE ROAD		21D. CITY OR TOWN SANTA ROSA		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Bronchial Pneumonia Carcinoma larynx	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER? yes		25. WAS BIOPSY PERFORMED? yes		26. WAS AUTOPSY PERFORMED? yes		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Laryngectomy	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DAY, YR.) 1971		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Richard C. Barnett MD		28C. DATE SIGNED 6/1/83		28D. PHYSICIAN'S LICENSE NUMBER A.16408		29. SPECIFY ACCIDENT, SUICIDE, ETC. —	
30. PLACE OF INJURY COMMUNITY HOSPITAL		31. INJURY AT WORK —		32A. DATE OF INJURY—MONTH, DAY, YEAR —		32B. HOUR —		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 3325 CHANATE ROAD SANTA ROSA CA 95404	
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-INVIGATION) —		35B. CORONER—SIGNATURE AND DEGREE OR TITLE —		35C. DATE SIGNED —		36. DISPOSITION CREMATION	
37. DATE—MONTH, DAY, YEAR JUNE 2, 1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY PLEASANT HILL CREMATORY, SEBASTOPOL, CA.		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE NOT ENBALMED		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PLEASANT HILL		41. LOCAL REGISTRAR'S SIGNATURE RJ Holtzman MD	
42. DATE ACCEPTED BY LOCAL REGISTRAR JUN 02 1983		43. STATE REGISTRAR —		44. DATE OF CERTIFICATION JUN 03 1983		45. OFFICIAL TITLE Public Health Officer and Local Registrar		46. DATE OF CERTIFICATION JUN 03 1983	

CERTIFICATION
STATEMENT

This is to certify, that the foregoing is a true and correct copy of the Vital Record which is on file in this office and of which I am legal custodian.

SIGNATURE:

RJ Holtzman MD

OFFICIAL TITLE: Public Health Officer
and Local RegistrarPLACE: Sonoma County Public Health Service
Santa Rosa, California

DATE OF CERTIFICATION

JUN 03 1983

Return:
ymca

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 6th day of July A.D., 1984 at 10:51 o'clock A.M., and duly recorded in Vol. 1394, of Deeds on page 11369.

MOUNTAIN TITLE COMPANY, INC. has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

EVELYN BIEHN, COUNTY CLERK

by: Bernatha D. Kotoch, Deputy

Fee: \$ 4.00