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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST: Grovine | 1B. MIDDLE: E. | 1C. LAST: Campbell

2A. DATE OF DEATH (MONTH, DAY, YEAR): September 10, 1987 | 2B. HOUR: 0445

3. SEX: Female | 4. RACE/ETHNICITY: Caucasian | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: March 17, 1920 | 7. AGE: 67 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA | 9. NAME AND BIRTHPLACE OF FATHER: Kenneth B. Kincaid-CA | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Catherine Hanford-Unknown

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 TO 19 | 12. SOCIAL SECURITY NUMBER: 550-28-3905 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Melvin R. Campbell

15. PRIMARY OCCUPATION: Homemaker | 16. NUMBER OF YEARS THIS OCCUPATION: Adult Life | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self-employed | 18. KIND OF INDUSTRY OR BUSINESS: Own Home | 19C. CITY OR TOWN: San Diego

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4252 ~~4642~~ Mt. Foster Avenue | 19D. COUNTY: San Diego | 19E. STATE: California | 19B. COUNTY: San Diego

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Melvin Campbell-Husband, 4252 Mt. Foster Avenue, San Diego, California 92117

21A. PLACE OF DEATH: Mission Bay Hospital | 21D. CITY OR TOWN: San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3033 Bunker Hill Street

22. 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, STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (A): PNEUMONIA — 6 WEEKS

DUE TO, OR AS A CONSEQUENCE OF (B): CARDIO RESPIRATORY ARREST — 4 MONTHS

DUE TO, OR AS A CONSEQUENCE OF (C): ANTERO SCLEROTIC HEART DISEASE — YEARS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: COPD, ANOXIC BRAIN DAMAGE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: CARDIAC PACEMAKER | DATE: 6/87

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Jeoffrey B. Gordon MD | 28C. DATE SIGNED: 9/10/87 | 28D. PHYSICIAN'S LICENSE NUMBER: G-19279

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 8-17-87 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 9-7-87 | 28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Jeoffrey B. Gordon MD 4747 Mission Blvd, San Diego

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) | 35C. DATE SIGNED

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 | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: 9-15-1987 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Eternal Hills Memorial Park, 1999 El Camino Real, Oceanside, CA | 41. LOCAL REGISTRAR—SIGNATURE: Ronald L. Ramos, M.D. | 42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 14 1987

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): CLAIREMONT MORTUARY | 40B. LICENSE NO.: F-1126

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

VS-111-85

DATE ISSUED: September 15, 1987

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 3851 ROSECRANS. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.

Ronald L. Ramos, M.D.
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Melvin R. Campbell the 26th day of October A.D., 19 87 at 12:19 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 19380.

Evelyn Biehn, County Clerk

By _____

FEE $5.00

Ret: Melvin R. Campbell 4252 Mt. Foster San Diego, California 92117