

When recorded mail to:
Ida C. Gwillim, 2647 Bayport Dr
Torrance, Ca 90503

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M88 Page 9478

1A. NAME OF DECEDENT—FIRST, MIDDLE, LAST John F Gwillim		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER March 13, 1988 1420	
3. SEX male	4. RACE/ETHNICITY white	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH October 19, 1919
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Tennessee		9. NAME AND BIRTHPLACE OF FATHER Theophilus Gwillim Tennessee	
11A. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 413-12-1374	
15. PRIMARY OCCUPATION minister		13. MARITAL STATUS married	
16. NUMBER OF YEARS THIS OCCUPATION 21		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Capitola Littlefield	
17. EMPLOYER OF SELF-EMPLOYED, SO STATE Neighborhood Church		18. KIND OF INDUSTRY OR BUSINESS religion	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4576 W. 136th St.		19B. CITY OR TOWN Hawthorne	
19C. COUNTY Los Angeles		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Capitola L. Gwillim wife 4576 W. 136th St. Hawthorne, CA	
21A. PLACE OF DEATH residence		21B. COUNTY Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4576 W. 136th St.		21D. CITY OR TOWN Hawthorne	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Generalized metastases 1yr (B) Carcinoma of prostate 2yr (C) none			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A none			
24. WAS DEATH REPORTED TO CORONER? no		25. WAS BIOPSY PERFORMED? yes	
26. WAS AUTOPSY PERFORMED? no		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Needle biopsy of prostate 1/16/87	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE 11/16/87 I LAST SAW DECEDENT ALIVE 3/8/88		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Malin Dollinger M.D.	
29. SPECIFY ACCIDENT, SUICIDE, ETC. none		30. PLACE OF INJURY 510 N. Prospect, Redondo Beach, CA	
31. INJURY AT WORK no		32A. DATE OF INJURY—MONTH, DAY, YEAR 3/14/88	
32B. HOUR 6:23		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) Inglewood, CA	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) none		35. CORONER—SIGNATURE AND DEGREE OR TITLE Robert M. Harte	
36. DISPOSITION burial		37. DATE—MONTH, DAY, YEAR March 19, 1988	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Inglewood Park Cemetery, 720 E. Florence Ave. Inglewood, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 7676 Stephen Basinger	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Inglewood Cemetery Mortuary		40B. LICENSE NO. 1101	
41. LOCAL REGISTRAR—SIGNATURE Robert M. Harte		42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 15 1988	

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 20th day of June A.D., 1988
at 11:37 o'clock A. M. and duly recorded
in Vol. M88 of Deeds Page 9477

Evelyn Biehn County Clerk

By Pauline Miskadon

Fee, 13.00

Deputy.

