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Vol. m89 Page 20334

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-89-30-003519

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN): LOWELL	1B. MIDDLE: KEITH	1C. LAST (FAMILY): HOLMES	2A. DATE OF DEATH—MONTH, DAY, YEAR: MARCH 13, 1989	2B. HOUR: 1100	3. SEX: MALE
4. RACE: CAUCASIAN	5. SPANISH/HISPANIC: ☐ YES ☐ NO — SPECIFY	6. DATE OF BIRTH—MONTH, DAY, YEAR: JULY 18, 1927	7. AGE IN YEARS: 61	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: CO	9. CITIZEN OF WHAT COUNTRY: USA	10A. FULL NAME OF FATHER: PEARL MANNING HOLMES	10B. STATE OF BIRTH: UNKNOWN	11A. FULL MAIDEN NAME OF MOTHER: FAYE JOHNSON	11B. STATE OF BIRTH: UNKNOWN
12. MILITARY SERVICE? 19 — TO 19 — ☒ NONE	13. SOCIAL SECURITY NUMBER: 567-32-0430	14. MARITAL STATUS: MARRIED	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): ALBERTA CARSON		
16A. USUAL OCCUPATION: FIELD ENGINEER	16B. USUAL KIND OF BUSINESS OR INDUSTRY: WATER TREATMENT	16C. USUAL EMPLOYER: L.A. WATER	16D. YEARS IN USUAL OCCUPATION: 16 YEARS	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+): 10	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 1351 CERRITOS #1			18B. CITY: ANAHEIM	18C. ZIP CODE: 92802	
18D. COUNTY: ORANGE	18E. NUMBER OF YEARS IN THIS COUNTY: 34	18F. STATE OR FOREIGN COUNTRY: CALIFORNIA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: ALBERTA HOLMES-WIFE 1351 CERRITOS #1 ANAHEIM, CA 92802		
19A. PLACE OF DEATH: RESIDENCE	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY: ORANGE			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 718 N. GENEVA	19E. CITY: ANAHEIM		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? ☑ YES 89-01608 VS ☐ NO — REFERRAL NUMBER	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT. IMMEDIATE CAUSE (A): METASTATIC SMALL CELL CARCINOMA OF LUNG			3 MTHS	23. WAS BIOPSY PERFORMED? ☑ YES ☐ NO	
DUE TO (B):				24A. WAS AUTOPSY PERFORMED? ☐ YES ☐ NO	
DUE TO (C):				24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Chronic Obstructive Pulmonary disease.				26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? NO — MONTH, DAY, YEAR — TYPE	
I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: Haroutioun Shangjanian	27C. PHYSICIAN'S LICENSE NUMBER: A 38872	27D. DATE SIGNED: 3/17/89		
27A. DECEDENT ATTENDED SINCE — MONTH, DAY, YEAR: 12/13/88	DECEDENT LAST SEEN ALIVE — MONTH, DAY, YEAR: 3/9/89	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: HAROUT SHANGJANIAN, M.D. 11160 WARNER AVE FOUNTAIN VALLEY, CA			
I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
34A. DISPOSITION: CREM/SEA	34B. NAME OF CEMETERY OR CREMATORY: SCATTER AT SEA OFF THE COAST OF HUNTINGTON BCH, CA	34C. DATE OF DISPOSITION MONTH, DAY, YEAR: MAR 22, 1989	35A. SIGNATURE OF EMBALMER: NOT EMBALMED	35B. LICENSE NUMBER	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): PIERCE BROS DALY-BARTEL-SPENCER	36B. LICENSE NO.: F-1060	37. SIGNATURE OF LOCAL REGISTRAR: R. Rex Ebling, M.D.	38. REGISTRATION DATE: MAR 20 1989		
A.	B.	C.	D.	E.	CENSUS TRACT

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: $7.00 ☐ No Fee for Veterans Purposes ☐

Date: MAR 23 1989

R. Rex Ebling, M.D.

L. Rex Ebling, M.D.

Health Officer and Local Registrar of Births and Deaths of Orange County

Santa Ana, California

20335

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mr. L. K. Holmes the 24th day of Oct. A.D., 19 89 at 11:48 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 20334.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $13.00

Return: Mrs. L.K. Holmes
718 Geneva St., Anaheim, Ca. 92801