63154

-06-16-93P01:34 RCVD

Vol M93 Page 14196

CERTIFICATE OF DEATH

STATE OF CALIFORNIA MTC 30047-HF

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
LEWIS	ALBERT	KIMMEL SR.	December 20, 1988	0400

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: DAYS	IF UNDER 24 HOURS: MINUTES
Male	White	NO ☐	September 13, 1914	74 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Indiana	NOAH ALBERT KIMMEL - IN.	MABEL ISABELL WEBER - IN.

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	1949 TO 1971	308 07 3005	Married	PEARL ELIZABETH HOSFORD

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
MASTER SGT.	22	U.S. AIR FORCE	U.S. GOVERNMENT

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1791 Hobart Drive		Camarillo

1 OF 2

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT (RELATIONSHIP)
Ventura	California	Pearl E. Kimmel (Wife) 1791 Hobart Drive Camarillo, CA 93010

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Veterans Admin Medical Center	Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
16111 Plummer Street	Sepulveda

CAUSE OF DEATH

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) Cardiopulmonary arrest
DUE TO, OR AS A CONSEQUENCE OF
(B) Pulmonary embolism
DUE TO, OR AS A CONSEQUENCE OF
(C) Cerebrovascular accident

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: mins / days / yrs

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
Hypertension, Atherosclerosis

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

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
James J. [illegible]	12-20-88	A045229

28A. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	28A. LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS
VA 11-28-88	VA 12-20-88	James Eshom VA Medical Ctr. Sepulveda, CA 91343

INJURY INFORMATION

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)

CORONER'S USE ONLY

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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
BURIAL	DEC. 23, 1988	IVY LAWN CEMETERY, VENTURA, CA.	#6033 Thomas Gregoire

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
PIERCE BROS. GRIFFIN. CAMARILLO	F 892	[signature]	DEC 22 1988

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

Return to:
Pearl E. Kimmel
1791 Hobart Dr.
Camarillo, CA 93010-3159

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

DEC 30 1988

2

Director of Health Services and Registrar