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08-09-93A11:58 RCVD

Vol M93 Page 19725

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

DATE ISSUED: October 12, 1990

Ronald L. Rowe M.D.
REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (Given): WILLIAM | 1B. MIDDLE | 1C. LAST (Family): MC COLLEY

2A. DATE OF DEATH—MO. DAY, YR.: OCTOBER 05, 1990 | 2B. HOUR: 2320 | 3. SEX: M

4. RACE: Caucasian | 5. HISPANIC—SPECIFY: ☐ YES ☒ NO

6. DATE OF BIRTH—MO. DAY, YR.: November 28, 1927 | 7. AGE IN YEARS: 62 | IF UNDER 1 YEAR—MONTHS, DAYS, HOURS, MINS.

8. STATE OF BIRTH: MN | 9. CITIZEN OF WHAT COUNTRY: USA | 10A. FULL NAME OF FATHER: John Schillo | 10B. STATE OF BIRTH: MN | 11A. FULL MAIDEN NAME OF MOTHER: Sarah McColley | 11B. STATE OF BIRTH: MN

12. MILITARY SERVICE? 1945 TO 1947 ☐ NONE | 13. SOCIAL SECURITY NO.: 471-24-6935 | 14. MARITAL STATUS: Married | 15. NAME OF SURVIVING SPOUSE OR IF WIFE, ENTER MAIDEN NAME: Thelma Brown

16A. USUAL OCCUPATION: Accountant | 16B. USUAL KIND OF BUSINESS OR INDUSTRY: Aerospace | 16C. USUAL EMPLOYER: Convair | 16D. YEARS IN OCCUPATION: 27 | 17. EDUCATION—YEARS COMPLETED: 20

16A. RESIDENCE—STREET AND NUMBER OR LOCATION: 3062 Masters Place | 16B. CITY: San Diego | 16C. ZIP CODE: 92123

16D. COUNTY: San Diego | 16E. NUMBER OF YEARS IN THIS COUNTY: 47 | 16F. STATE OR FOREIGN COUNTRY: CA

18. NAME, RELATIONSHIP AND MAILING ADDRESS AND ZIP CODE OF INFORMANT: Thelma McColley (Wife) 3062 Masters Place San Diego, CA 92123

19A. PLACE OF DEATH: KAISER HOSPITAL | 19B. IF HOSPITAL, SPECIFY: OP, IP, ER/OP, DOA | 19C. COUNTY: SAN DIEGO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 4647 ZION AVENUE | 19E. CITY: SAN DIEGO

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A): LIVER FAILURE — TIME INTERVAL BETWEEN ONSET AND DEATH: MONTHS

DUE TO (B): Alcholism — TIME INTERVAL: YEARS

DUE TO (C): ▶

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☐ NO — REFERRAL NUMBER

23. WAS AUTOPSY PERFORMED? ☐ YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☐ NO

24B. 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: Gastro Intestinal bleeding

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: NOW

27A. DECEDENT ATTENDED SINCE—MONTH, DAY, YEAR: 10-2-90 | DECEDENT LAST SEEN ALIVE—MONTH, DAY, YEAR: 10-5-90

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: ▶ RICCI MD | 27C. CERTIFIER'S LICENSE NUMBER: G49503 | 27D. DATE SIGNED: 10-9-90

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: RICHARD RICCI, MD, 732 N. BROADWAY STREET, ESCONDIDO, CA 92025

29. MANNER OF DEATH (NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, 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 (STATE WHETHER RELATED TO WORK)

34A. DISPOSITION(S): CR/RES | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Thelma McColley, 3062 Masters Place, San Diego, CA 92123 | 34C. DATE—MO. DAY, YEAR: 10-11-1990

35A. SIGNATURE OF EMBALMER: Not Embalmed | 35B. LICENSE NUMBER

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): The TElophase Society | 36B. LICENSE NO.: F-1272

37. SIGNATURE OF REGISTRAR: ▶ Ronald L. Rowe, M.D. | 37B. DATE RECEIVED BY REGISTRAR: OCT 11 1990

A | B | C | D | E | CENSUS TRACT

1.90 MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Thelma McColley the 9th day of Aug. A.D., 19 93 at 11:58 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 19725.

FEE $10.00

Evelyn Biehn County Clerk
By Pauline Mullendore

Return: Thelma McColley,3062 Masters Pl.San Diego, Ca.92123