

91017

11-14-94P03:15 RCVD

Vol. 1114 Page 34944

CERTIFICATE OF DEATH STATE OF CALIFORNIA

8000 012269

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
James		Michael	
1C. LAST		Boyle	
2A. DATE OF DEATH—MONTH DAY YEAR		2B. AGE	
Nov. 9, 1983		70	
3. SEX		4. RACE/ETHNICITY	
Male		White	
5. BIRTHPLACE OF DECEDENT—STATE OR COUNTRY		6. DATE OF BIRTH	
Dougherty, Iowa		Jan. 26, 1913	
7. AGE		8. DATE OF BIRTH	
70		Jan. 26, 1913	
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
David M. Boyle - Iowa		Susan Dougherty - Ireland	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
USA		543-05-8299A	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE—FIRST NAME, BIRTH NAME	
Married		Ruth Nelson	
15. PRINCIPAL OCCUPATION		16. KIND OF INDUSTRY OR BUSINESS	
Science Lecturer		Space Program	
17. EMPLOYER (IF SELF EMPLOYED, SO STATE)		18. CITY OR TOWN	
NASA		Oceanside	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
4660-112 North River Road		Oceanside	
19C. COUNTY		20. NAME AND ADDRESS OF NEXT OF KIN—RELATIONSHIP	
San Diego		Ruth V. Boyle - wife 4660-112 North River Road Oceanside, CA 92056	
21A. PLACE OF DEATH		21B. COUNTY	
Tri-City Hospital		San Diego	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
4002 Vista Way		Oceanside	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING, BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
(A) <i>Resp Failure</i>		24. WAS BIRTH REPORTED TO CROCKET?	
(B) <i>Congestive Heart Failure</i>		Yes	
(C)		25. WAS BIRTH PERFORMED?	
		NO	
		26. WAS BIRTH PERFORMED?	
		NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION? (TYPE OF OPERATION)		DATE	
Osteosynthesis			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CHARGE, STATED		28B. PHYSICIAN—SIGNATURE AND DEGREE OF TITLE	
1983 10/15/83		Clarence A. Harvey	
28C. DATE OF DEATH		28D. PHYSICIAN'S LICENSE NUMBER	
11/10/83		A-13174	
29. SPECIFIC ACCIDENT (CIRCLE ONE)		30. PLACE OF INJURY	
1981 10/15/83		Clarence A. Harvey, 2201 Mission Avenue, Oceanside	
31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CHARGE, STATED		35B. CORONER—SIGNATURE AND DEGREE OF TITLE	
1983 10/15/83		Harold A. Ramon, M.D.	
35C. DATE OF DEATH		35D. CORONER'S LICENSE NUMBER	
11-14-83		not embalmed	
36. CREMATION		37. NAME AND ADDRESS OF CREMATOR, IF CREMATED	
Eternal Hills Mortuary		Eternal Hills Crematory, Oceanside	
38. STATE REGISTRAR		39. DATE OF DEATH	
A		NOV 14 1983	

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SAN DIEGO COUNTY RECORDER **CERTIFIED ABSTRACT OF DEATH**

This is to certify that this document is a true abstract of the official record filed with the County Recorder.

NAME: JAMES MICHAEL BOYLE

DATE OF DEATH: NOVEMBER 9, 1983

SEX: MALE

COUNTY OF DEATH: SAN DIEGO

SSN: 543-05-8299

BIRTH DATE: JANUARY 26, 1913

CAUSE OF DEATH: NATURAL

DATE FILED: NOVEMBER 1983

DATE ISSUED: AUGUST 28, 1990

LOCAL REGISTRATION NUMBER: 012269

Vera Lyle
 VERA LYLE
 COUNTY RECORDER



VS-1 (4-87)

210863

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Recorder.

JUN 14 1984

Vera L. Lyle
 Recorder

San Diego County, California



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 14th day
 of November A.D., 19 94 at 3:15 o'clock P. M., and duly recorded in Vol. M94
 of Deeds on Page 34944

FEE \$15.00

Evelyn *Evelyn* County Clerk
 By *Myrtle*