MTC 34,95

COUNTY OF SAN JOAQUIN

91813

STOCKTON, CALIFORNIA

Vol. M94 Page 36504

1-30-94P05:07 RCVD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3900-2448

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
Frank	Luron	Owens	September 9, 1987	1330

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 DAY	IF UNDER 24 HOURS MINUTES
Male	White/American	NO UK	January 16, 1920	67 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Texas	Frank L. Owens, Sr. Texas	Ruby Stanford Texas

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	1940 TO 1941	453-20-0082	Married	Mary Belk

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Shipping Clerk	28	Sinclair & Valentine	Printers Ink

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
628 Argonaut Street	5108-40	Manteca

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Joaquin	California	Mary Owens Wife 628 Argonaut Street Manteca, Ca.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
Dameron Hospital	San Joaquin	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
525 W. Acacia Street	Stockton	

CAUSE OF DEATH

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) Upper gastrointestinal bleeding	1-2 days
	DUE TO, OR AS A CONSEQUENCE OF (B) Metastatic Signet ring cancer	10 months
	DUE TO, OR AS A CONSEQUENCE OF (C)	

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Anemia

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Gastrectomy DATE: 12-86

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
ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 9-9-87 / LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 9-9-87	James G. Stephen	9-11-87	G53586

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: James G. Stephen, MD 1305 Tommydon St., Stockton, Ca.95210

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	9/14/87	Lakewood Memorial Cemetery, Hughson, Ca.	#5353 David Stephenson

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Lakewood Memorial Park	FD192	[signature]	SEP 11 1987

STATE REGISTRAR: A. | B. | C. | D. | E. | F. | G.

VS-11 (1-88)

Return: BTC
075072 P.O. BOX 4325
Sunriver, OR
97707

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } ss

DATE ISSUED NOV 17 1994

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Joaquin County Recorder.

James M. Johnstone

JAMES M. JOHNSTONE, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 30th day of Nov A.D., 19 94 at 3:07 o'clock P M., and duly recorded in Vol. M94, of Deeds on Page 36504.

Evelyn Biehn County Clerk

FEE $10.00

By Pauline Mullendore