10444

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

Vol M95 Page 33822

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
GERALD	THORNTON	ROWELL

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
04/01/1903	91					M	06/08/1994	2015

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
SD	563-05-8124	19 ___ TO 19 ___ [X] NONE	Married	9

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES [X] NO	State of California

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Painter	Government	60

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
13902 Thunderbird Dr. 8-F				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Seal Beach	Orange	90740	10	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Vera V. Rowell - Wife	13902 Thunderbird Seal Beach, CA 90740 ✓

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Vera	Viola	Morris	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Frederick	William	Rowell	ENG
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Emma	-	Thornton	ENG

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION	
06/21/1994	Res.-Donna Keefer 5838 Black Olive Dr., #5 Paradise, CA 95969	

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/RES.	▶ Not Embalmed	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Cremation Society So. Bay	FD-1491	▶ Robert C. Mott MD	06/14/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
KAISER HOSPITAL/HOSPICE	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [ ] OTHER	LOS ANGELES
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY
12500 SOUTH HOXIE AVENUE			NORWALK

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER
IMMEDIATE CAUSE (A) PROSTATE CANCER	months	[ ] YES [X] NO REFERRAL NUMBER
DUE TO (B)		109. BIOPSY PERFORMED [X] YES [ ] NO
DUE TO (C)		110. AUTOPSY PERFORMED [ ] YES [X] NO
DUE TO (D)		111. USED IN DETERMINING CAUSE [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
C.H.F.

9 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.
PROSTATE RESECTION 09/27/1993

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
06/07/1994	06/08/1994	▶ Richard D Brumley MD	G-40582	06/09/1994

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP
RICHARD D.BRUMLEY MD, 12500 S.HOXIE AVE, NORWALK, CA 90650

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
119. MANNER OF DEATH [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED	[ ] YES [ ] NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

Vera V. Rowell

on this 12 day of Dec. A.D., 19 95
at 1:56 o'clock P. M. and duly recorded
in Vol. M95 of Deeds Page 33872.
Bernetha G. Letsch, County Clerk
By [signature] Deputy.

Fee, $10.00

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

JUN 14 1994

76 [signature]
Director of Health Services and Registrar