K-49310

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M96 Page 16086

1 19099 — 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
Joseph	William	Dowling	January 28, 1988	1447

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	Cauc	NO	March 28, 1918	69 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Iowa	James Dowling Illinois	Bridget Gaffney Iowa

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)
U. S. A.	19 — TO 19 —	479-14-7990	Married	Catherine Martin

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Carpenter	50 years	Self	Construction

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
541 S. Carmalita	43462	Hemet

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Riverside	California	Pat Dowling (Son) 8508 Quaint Lane Vienna, Virginia 22180

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Riverside

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
541 S. Carmalita	Hemet

CAUSE OF DEATH

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

IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) transitional cell carcinoma, bladder, metastatic — DUE TO, OR AS A CONSEQUENCE OF — 2½ yrs.

(B) metastatic carcinoma involving bone — DUE TO, OR AS A CONSEQUENCE OF — 2mos.

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes 88M144

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: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: cystectomy DATE: 8-85

PHYSICIAN'S CERTIFICATION

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

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12-28-87

I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1-27-88

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: C Gilman MD

28C. DATE SIGNED: 1-29-88

28D. PHYSICIAN'S LICENSE NUMBER: G32154

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Christopher Gilman, M.D. 301 N. San Jacinto St. Hemet, CA 92343

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	Feb. 2, 1988	Lohrville Catholic Cemetery-Lohrville, Iowa	

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Virgin Mortuary	833		JAN 29 1988

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (1-85)

JUN -3 P2:31

* This must be in red to be a * * * * * * * * * * * * * * * * * * *

"CERTIFIED COPY"

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

FEB 03 1988

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is indicated.

Edward J. Gallagher, M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH · REGISTRAR OF VITAL STATISTICS · COUNTY OF RIVERSIDE, CAL.

RETURN TO:
STEPHEN DOWLING
1626 DEL VALLE AVE.
GLENDALE, CALIFORNIA 91208

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 3rd day of June A.D., 19 88 at 2:31 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 16086.

FEE $10.00

By Bernetha G. Letsch, County Clerk