

933

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

8000

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST <b>Warren</b>		1B. MIDDLE <b>A.</b>	1C. LAST <b>O'Neil</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>July 6, 1980</b>	2B. HOUR <b>1115</b>
3. SEX <b>Male</b>	4. RACE <b>White</b>	5. ETHNICITY		6. DATE OF BIRTH <b>Nov. 23, 1917</b>	7. AGE <b>62</b> YEARS	IF UNDER 1 YEAR MONTHS      DAYS IF UNDER 24 HOURS HOURS      MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>AZ.</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Andrew J. O'Neil, MO.</b>			10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Mary Cavanaugh, MA.</b>	
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>569-10-3007</b>		13. MARITAL STATUS <b>married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER PLAIN NAME) <b>Alberta Denaple</b>
15. PRIMARY OCCUPATION <b>Engineering Management</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>37</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Pacific Telephone</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Communications</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>4250 Eastridge Dr.</b>				19B.	19C. CITY OR TOWN <b>La Mesa</b>	
19D. COUNTY <b>San Diego</b>			19E. STATE <b>CA.</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Alberta O'Neil (wife)</b> <b>4250 Eastridge Dr.</b> <b>La Mesa, CA. 92041</b>	
21A. PLACE OF DEATH <b>Grossmont Hospital</b>			21B. COUNTY <b>San Diego</b>			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>5555 Grossmont Center Dr.</b>			21D. CITY OR TOWN <b>La Mesa</b>			
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) <b>Recurrent Pulmonary Embolism</b>		32b. <b>3 weeks</b>		24. WAS DEATH REPORTED TO CORONER? <b>No.</b> 25. WAS DISPOSTY PERFORMED? <b>None</b> 26. WAS AUTOPSY PERFORMED? <b>Yes</b>
		(B) <b>Adverse Consequences of this Procedure.</b>		32c. <b>2 months</b>		
		(C)				
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>None</b>		
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.) <b>5-5-80</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>Victor S. Pavovani, MD</b>		28C. DATE SIGNED <b>7-7-80</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>G-21629</b>
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR
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 CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED
36. DISPOSITION <b>Entombment</b>		37. DATE—MONTH, DAY, YEAR <b>July 10, 1980</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>El Camino Memorial Park, San Diego, CA.</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>6555 Joseph Faulkner</b>
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Erickson-Anderson Mortuary</b>			41. LOCAL REGISTRAR—SIGNATURE <b>Ronald E. Ramos, M.D.</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUL 10 1980</b>	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.  
 FEE PAID: \$3.00  
 DATED: JUL 14 80  
 Ronald E. Ramos, M.D., HEALTH OFFICER  
 SAN DIEGO DEPARTMENT OF HEALTH SERVICES  
 1700 PACIFIC HWY., SAN DIEGO, CA 92101