

STATE FILE NUMBER			STATE OF CALIFORNIA USE BLACK INK ONLY			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST (GIVEN) KATHLEEN			1B. MIDDLE DIANE		1C. LAST (FAMILY) YOWELL		2A. DATE OF DEATH—MO. DAY, YR May 22, 1991		2B. HOUR 2130	3. SEX F	
4. RACE Cauc			5. HISPANIC—SPECIFY ☐ YES ☒ NO			6. DATE OF BIRTH—MO. DAY, YR March 9, 1951		7. AGE IN YEARS 40	IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES		
8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Clinton D. Brown		10B. STATE OF BIRTH NB		11A. FULL MAIDEN NAME OF MOTHER Ola Mae Baker		11B. STATE OF BIRTH AR	
12. MILITARY SERVICE? 19__ To 19__ ☒ NONE			13. SOCIAL SECURITY NO. 548-90-1928		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Steven K. Yowell				
16A. USUAL OCCUPATION Homemaker			16B. USUAL KIND OF BUSINESS OR INDUSTRY Own home		16C. USUAL EMPLOYER Self-employed		16D. YEARS IN OCCUPATION 16		17. EDUCATION—YEARS COMPLETED 16		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1534 Reche Road							18B. CITY Fallbrook		18C. ZIP CODE 92028		
18D. COUNTY San Diego			18E. NUMBER OF YEARS IN THIS COUNTY 1		18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Steven K. Yowell CDR, MC, USN 1534 Reche Road Husband Fallbrook, Ca. 92028				
19A. PLACE OF DEATH Fallbrook Hospital			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ER/OP		19C. COUNTY San Diego		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☒ YES 91-1083 ☐ NO				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 624 E. Elder Street			19E. CITY Fallbrook		TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO				
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Sudden unexpected death			Minutes		24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☒ YES ☐ NO				
DUE TO (B) Floppy mitral valve			Years								
DUE TO (C)											
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No					
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER M. A. SUPER M.D.		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED		
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Deputy Medical Examiner		28B. DATE SIGNED 5-24-91				
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural			30A. PLACE OF INJURY		30B. INJURY AT WORK ☐ YES ☐ NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
34A. DISPOSITION(S) BU			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Fallbrook Masonic Cemetery 1177 Santa Margarita Dr., Fallbrook, Ca.			34C. DATE MO. DAY, YEAR May 28, 1991		35A. SIGNATURE OF EMBALMER Adrian Rodriguez		35B. LICENSE NUMBER 6534	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Berry-Bell & Hall Fallbrook Mortuary			36B. LICENSE NO. 828		37. SIGNATURE OF LOCAL REGISTRAR Ronald L. Ramon, M.D.		38. REGISTRATION DATE MAY 28 1991				
STATE REGISTRAR		A.		B.		C.		D.		E.	
										CENSUS TRACT	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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

Ronald L. Ramon, M.D.
San Diego County, California

Health Officer



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MAY 29 1991