

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

CERTIFICATE OF DEATH

3200640001073

RECEIVED
DEC 29 2006
Department of Water Resources
Southern Region

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) NORVAL		3. LAST (Family) AWALT	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/28/1941	
2. MIDDLE REX		5. AGE Yrs. 64	
6. SEX MALE		7. DATE OF DEATH mm/dd/yyyy 07/12/2006	
8. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		9. HOUR (24 hours) 0330	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK	
12. MARITAL STATUS (at time of death) MARRIED		13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
14. EDUCATION - Highest Level Degree (see worksheet on back) SOME COLLEGE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) ☐ YES ☒ NO	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AQUA ENGINEERING	
18. DECEDENT'S RESIDENCE (Street and number or location) W. 10TH. STREET-CROSS STREET, CEMETERY ROAD		19. YEARS IN OCCUPATION 50	
20. CITY SAN MIGUEL		21. COUNTY/PROVINCE SAN LUIS OBISPO	
22. ZIP CODE 93451		23. YEARS IN COUNTY 64	
24. STATE/FOREIGN COUNTRY CALIFORNIA		25. INFORMANT'S NAME, RELATIONSHIP CHRISTY AWALT- WIFE	
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) P.O. BOX 392, SAN MIGUEL, CA 93451		27. NAME OF SURVIVING SPOUSE - FIRST CHRISTY LOU	
28. MIDDLE -		29. LAST (Maiden Name) MOORE	
30. NAME OF FATHER - FIRST NORRIS		31. MIDDLE REX	
32. LAST AWALT		33. BIRTH STATE CO	
34. NAME OF MOTHER - FIRST THELMA		35. MIDDLE AUDREY	
36. LAST (Maiden) TURNBOW		37. BIRTH STATE CA	
38. DISPOSITION DATE mm/dd/yyyy 07/17/2006		39. PLACE OF FINAL DISPOSITION SAN MIGUEL CEMETERY, SAN MIGUEL CA 93451	
40. TYPE OF DISPOSITION(S) BURIAL		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT KUEHL-NICOLAY FUNERAL HOME		43. LICENSE NUMBER -	
44. LICENSE NUMBER FD-68		45. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
46. DATE mm/dd/yyyy 07/14/2006		47. PLACE OF DEATH RESIDENCE	
48. COUNTY SAN LUIS OBISPO		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) W. 10TH. STREET-CROSS STREET IS CEMETERY RD.	
50. CITY SAN MIGUEL		51. CAUSE OF DEATH METASTATIC LUNG CANCER	
52. IMMEDIATE CAUSE (A) METASTATIC LUNG CANCER		53. TIME INTERVAL BETWEEN Onset and Death MONTHS	
54. SEQUENTIAL CAUSE (B) -		55. DEATH REPORTED TO CORONER? ☒ YES ☐ NO	
56. UNDERLYING CAUSE (C) -		56R-0544	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 BONE MARROW FAILURE DUE TO MYELODYSPLASIA		58. BIOPSY PERFORMED? ☒ YES ☐ NO	
59. BONE MARROW FAILURE DUE TO MYELODYSPLASIA		59. AUTOPSY PERFORMED? ☐ YES ☒ NO	
60. BIOPSY 01/30/2004		60. USED IN DETERMINING CAUSE? ☐ YES ☒ NO	
61. 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: 07/10/2006 Decedent Last Seen Alive: 07/10/2006		62. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DR. SANJAY GANPULE MD, 1310 LAS TABLAS RD. TEMPLETON, CA 93465		64. LICENSE NUMBER A41572	
65. DATE mm/dd/yyyy 07/13/2006		66. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	
67. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK		68. INJURY DATE mm/dd/yyyy	
69. HOUR (24 hours)		70. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
71. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		72. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
73. SIGNATURE OF CORONER / DEPUTY CORONER		74. DATE mm/dd/yyyy	
75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		76. FAX AUTH. # 7522	
77. CENSUS TRACT		78. STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF LUIS OBISPO

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DATE ISSUED: **JUL 25 2006**

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G.W. THOMAS, MD, HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

