

STATE OF CALIFORNIA

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		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS YES-11 REV 1/01		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
NORVAL		REX		AWALT	
AKA: ALSO KNOWN AS -- (Include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
11/28/1941		64		MALE	
7. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CALIFORNIA		572-52-3823		☐ YES ☒ NO ☐ UNK	
12. MARITAL STATUS (at time of death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR 124 Hours	
MARRIED		07/12/2006		0330	
13. EDUCATION -- (Include Level/Degree (Last institution or degree))		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE -- (Up to 3 races may be listed (see worksheet on back))	
SOME COLLEGE		☐ YES ☒ NO		CAUCASIAN	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
OWNER		AQUA ENGINEERING		50	
20. DECEDENT'S RESIDENCE (Street and number or location)					
W. 10TH. STREET-CROSS STREET, CEMETERY ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SAN MIGUEL		SAN LUIS OBISPO		93451	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
64		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP					
CHRISTY AWALT- WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
P.O. BOX 392, SAN MIGUEL, CA 93451					
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
CHRISTY LOU				MOORE	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
NORRIS		REX		AWALT	
34. NAME OF MOTHER -- FIRST		35. MIDDLE		36. LAST (Maiden)	
THELMA		AUDREY		TURNBOW	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
CO		CA		CA	
39. DISPOSITION DATE mm/dd/yyyy					
07/17/2006					
40. PLACE OF FINAL DISPOSITION					
SAN MIGUEL CEMETERY, SAN MIGUEL CA 93451					
41. TYPE OF DISPOSITION(S)					
BURIAL					
42. SIGNATURE OF EMBALMER					
NOT EMBALMED					
43. LICENSE NUMBER					
44. NAME OF FUNERAL ESTABLISHMENT					
KUEHL-NICOLAY FUNERAL HOME					
45. LICENSE NUMBER					
FD-68					
46. SIGNATURE OF LOCAL REGISTRAR					
07/14/2006					
101. PLACE OF DEATH					
RESIDENCE					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SAN LUIS OBISPO		W. 10TH. STREET-CROSS STREET IS CEMETERY RD.		SAN MIGUEL	
107. CAUSE OF DEATH					
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) METASTATIC LUNG CANCER					
Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
BONE MARROW FAILURE DUE TO MYELODYSPLASIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
BIOPSY 01/30/2004					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
S. R. Ganpule		A41572		07/13/2006	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
DR. SANJAY GANPULE MD, 1310 LAS TABLAS RD. TEMPLETON, CA 93465					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. INJURED AT WORK?		121. INQUIRY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
YES NO UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF LUIS OBISPO

SS
DATE ISSUED: JUL 25 2006

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This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY PUBLIC HEALTH DEPARTMENT.

This copy not valid unless prepared on engraved border displaying seal and signature of County Registrar.

G.W. THOMAS, MD, HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE