

CERTIFICATE OF DEATH
STATE OF CALIFORNIA


5600

1196

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|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|--|
| STATE FILE NUMBER | | 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | | 1C. LAST | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | | |
| | | BERNARD | | JOHN | | HOLMQUIST | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | | 1500 | | |
| DECEDENT PERSONAL DATA | 2. SEX | 4. RACE/ETHNICITY | | 5. SPANISH/Hispanic | | 6. DATE OF BIRTH | | 7. AGE | | 8. UNDER 1 YEAR | | |
| | Male | Cauc | | NO | | May 27, 1923 | | 64 YEARS | | MONTHS | | |
| | 9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | | | 10. NAME AND BIRTHPLACE OF FATHER | | | 11. SOCIAL SECURITY NUMBER | | | 12. MARRITAL STATUS | | |
| | IL | | | John Holmquist - IL | | | 336-12-8188 | | | Married | | |
| 11A. CITIZEN OF WHAT COUNTRY | | 11B. IF DECEASED WAS EVER IN MILITARY (GIVE DATES OF SERVICE) | | 12. SOCIAL SECURITY NUMBER | | 13. MARRITAL STATUS | | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) | | 15. KIND OF INDUSTRY OR BUSINESS | | |
| U.S.A. | | 1944 TO 1946 | | 336-12-8188 | | Married | | Doris Rinell | | Education | | |
| 16. PRIMARY OCCUPATION | | 17. NUMBER OF YEARS THIS OCCUPATION | | 18. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | | 19. KIND OF INDUSTRY OR BUSINESS | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | | 21. CITY OR TOWN | | |
| Teacher | | 20 | | Camarillo School Dist. | | Education | | Mrs. Bernard Holmquist - wife | | Ventura | | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 19B. COUNTY | | 19C. STATE | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | | 21. CITY OR TOWN | | 22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | |
| 8270 Denver St. | | Ventura | | California | | Mrs. Bernard Holmquist - wife | | Ventura | | IMMEDIATE CAUSE | | |
| 21A. PLACE OF DEATH | | 21B. COUNTY | | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 21D. CITY OR TOWN | | 22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A | | |
| Residence | | Ventura | | 8270 Denver St. | | Ventura | | (A) Cardiopulmonary arrest (B) Metastatic lung carcinoma (C) Primary Prostatic cancer | | 24. WAS DEATH REPORTED TO CORONER? Yes #675-88 25. WAS DISPOSTY PERFORMED? Yes 26. WAS AUTOPSY PERFORMED? No | | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 21D. CITY OR TOWN | | 22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A | | 24. WAS DEATH REPORTED TO CORONER? | | 25. WAS DISPOSTY PERFORMED? | | |
| 8270 Denver St. | | Ventura | | (A) Cardiopulmonary arrest (B) Metastatic lung carcinoma (C) Primary Prostatic cancer | | 24. WAS DEATH REPORTED TO CORONER? 25. WAS DISPOSTY PERFORMED? 26. WAS AUTOPSY PERFORMED? | | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? | | 28. DATE SIGNED 29. PHYSICIAN'S LICENSE NUMBER | | |
| 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? | | 28. DATE SIGNED | | 29. PHYSICIAN'S LICENSE NUMBER | | 30. TYPE OF OPERATION | | 31. DATE SIGNED | | 32. PHYSICIAN'S LICENSE NUMBER | | |
| Bilateral Orchiectomy | | 9/1986 | | Robert Garrison, M.D. | | 1450 Loma Vista Rd., Ventura, CA | | 4/23/88 | | C040594 | | |
| 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. CO-PONER—SIGNATURE AND DESIGNEE OR TITLE | | 35C. DATE SIGNED | | 35D. PHYSICIAN'S LICENSE NUMBER | | |
| Burial | | 4/25/88 | | Ivy Lawn Memorial Park, Ventura, CA | | Not Embalmed | | 36. AMBALMER'S LICENSE NUMBER AND EXPIRES (M/Y) | | 37. DATE—MONTH, DAY, YEAR | | |
| Ted M. Mayr Funeral Home | | 667 | | 4/25/88 | | 38. NAME AND ADDRESS OF CEMETERY OR CEMETARY | | 39. AMBALMER'S LICENSE NUMBER AND EXPIRES (M/Y) | | 40. DATE ACCEPTED BY LOCAL REGISTRAR | | |
| 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | | 40B. LICENSE NO. | | 41. LOCAL REGISTRAR—SIGNATURE | | 42. DATE ACCEPTED BY LOCAL REGISTRAR | | 43. STATE REGISTRAR | | 44. DATE | | |
| A. | | B. | | C. | | D. | | E. | | F. | | |

VS-11 (1-88)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.



APR 3 1989
 DATE
Lawrence E. Dodds
 LAWRENCE E. DODDS, M.D., Health Officer and Registrar

