

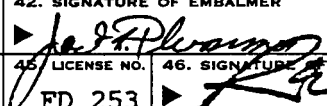


CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 11/86)

FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) GEORGE		2. MIDDLE KING		3. LAST (FAMILY) HARMON	
4. DATE OF BIRTH M M / D D / C C Y Y 10/04/1903		5. AGE YRS. 93		6. SEX M	
7. DATE OF DEATH M M / D D / C C Y Y 02/22/1997		8. HOUR 1255			
9. STATE OF BIRTH OK		10. SOCIAL SECURITY NO. 451-05-0646		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER VARIOUS OIL COMPANIES	
17. OCCUPATION OIL WELL DRILLER		18. KIND OF BUSINESS OIL WELL EXPLORATION		19. YEARS IN OCCUPATION 40	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 3747-38 VISTA CAMPANA SOUTH					
21. CITY OCEANSIDE		22. COUNTY SAN DIEGO		23. ZIP CODE 92057	
24. YRS IN COUNTY 3		25. STATE OR FOREIGN COUNTRY 40			
26. NAME, RELATIONSHIP JOE M. HARMON - SON			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3747-38 VISTA CAMPANA SOUTH, OCEANSIDE, CA 92057		
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -	
31. NAME OF FATHER—FIRST ISAAC		32. MIDDLE -		33. LAST HARMON	
34. BIRTH STATE MO		35. NAME OF MOTHER—FIRST MARY		36. MIDDLE EVELYN	
37. LAST (MAIDEN) KING		38. BIRTH STATE MO			
39. DATE M M / D D / C C Y Y 02/26/1997		40. PLACE OF FINAL DISPOSITION SUNSET MEMORIAL PARK, 924 MENAUL ST. NE, ALBUQUERQUE, NM 87102			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER 		43. LICENSE NO. 7842	
44. NAME OF FUNERAL DIRECTOR OCEANSIDE MORTUARY		45. LICENSE NO. FD 253		46. SIGNATURE OF LOCAL REGISTRAR 	
47. DATE M M / D D / C C Y Y 02/25/1997					
101. PLACE OF DEATH VISTA KNOLLS		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY SAN DIEGO					
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2000 WESTWOOD DRIVE				106. CITY VISTA	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		DAYS			
DUE TO (B) PRESUMED PNEUMONIA		DAYS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 ATRIAL FIBRILLATION, AORTIC STENOSIS, BLADDER CANCER, CEREBRAL VASCULAR DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. 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 M M / D D / C C Y Y 09/30/1996		115. SIGNATURE AND TITLE OF CERTIFIER 		116. LICENSE NO. G064553	
DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y 02/14/1997		117. DATE M M / D D / C C Y Y 02/25/1997			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP NEIL LEVINE, MD, 910 SYCAMORE AVE, #270, VISTA, CA 92083					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y	
		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
A	B	C	D	E	F
G	H	FAX AUTH. # 9703148		CENSUS TRACT	

REGISTRAR OF VITAL RECORDS

DATE ISSUED: March 04, 1997

SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL

REQUIRED FEE PAID