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BOOK 108 PAGE 191

96245 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

4200 — LOCAL REGISTRATION DISTRICT NUMBER

1518 — CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	DOROTHY
1b. MIDDLE NAME	NEL
1c. LAST NAME	SANDERS
2a. DATE OF DEATH—MONTH DAY YEAR	Oct 2, 1974
2b. HOUR	6:45 P
3. SEX	Female
4. COLOR OR RACE	Cauc.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Texas
6. DATE OF BIRTH	June 18, 1917
7. AGE (LAST BIRTHDAY)	57 YEARS
IF UNDER 1 YEAR / IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER	Hugh B. Ward Texas
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	Lillie Kincaid Tennessee
10. CITIZEN OF WHAT COUNTRY	USA
11. SOCIAL SECURITY NUMBER	462-09-1970
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	George P. Sanders (Husband)
14. LAST OCCUPATION	School Teacher
15. NUMBER OF YEARS IN THIS OCCUPATION	15
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE)	Lompoc Unified School Dist
17. KIND OF INDUSTRY OR BUSINESS	Elementary Schools

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	United States Medical Facility
18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	Vandenberg Air Force Base
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	No
18d. CITY OR TOWN	Vandenberg Air Force Base
18e. COUNTY	Santa Barbara
18f. LENGTH OF STAY IN COUNTY OF DEATH	11 YEARS
18g. LENGTH OF STAY IN CALIFORNIA	28 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1830 Tularosa Road
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	No
19c. CITY OR TOWN	Lompoc
19d. COUNTY	Santa Barbara
19e. STATE	California
20. NAME AND MAILING ADDRESS OF INFORMANT	Mr George P. Sanders 1830 Tularosa Road Lompoc, California, 93436

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT I HOLD DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REVIEWED BY ME ON (DATE)	
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DAY AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH DAY YEAR)	4-29-74
TO (ENTER MONTH DAY YEAR)	10-2-74
AND SAW HER/HIM ALIVE ON (ENTER MONTH DAY YEAR)	10-2-74
21c. PHYSICIAN OR CORONER (SIGNATURE AS BECOME OF FILE)	Larry Veltman M.D.
21d. DATE SIGNED	Oct 2, 74
21e. ADDRESS	Vandenberg Air Force Base
21f. LICENSE NUMBER	G 17306

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	Burial
22b. DATE	10-5-74
23. NAME OF CEMETERY OR CREMATORY	Lompoc District Cemetary
24. EMBALMER—SIGNATURE (IF BODY EMBALMED)	
LICENSE NUMBER	5450
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Gregory and McPeek Mortuary
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO)	no
27. LOCAL REGISTRAR—SIGNATURE	Joseph T. Nardo MD
28. DATE ACCEPTED BY LOCAL REGISTRAR	October 4, 1974

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: Cardiorespiratory Failure

DUE TO, OR AS A CONSEQUENCE OF

(B) carcinoma of the ovary ST III

DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

INJURY INFORMATION

31. WAS OPERATION ON A BODY PERFORMED FOR ANY CONDITION IN PART I OR II OF THIS CERTIFICATE (SPECIFY YES OR NO)	Operation
32a. AUTOPSY (SPECIFY YES OR NO)	No
32b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH (SPECIFY YES OR NO)	N/A
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	
35. INJURY AT WORK (SPECIFY YES OR NO)	
36a. DATE OF INJURY—MONTH DAY YEAR	
36b. HOUR	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	
39. WERE ADDITIONAL TESTS PENDING (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

REV 1-1-69 Form VS 11

I, RITA VAN BUSKIRK, Recorder in and for the County of Santa Barbara, do hereby certify that the foregoing is a full, true and correct copy of, Death Certificate filed in Book 108 Page 191 of Death Records of Santa Barbara County.

Witness my hand and official seal this 4th day of November 19 74

RITA VAN BUSKIRK, County Recorder

By: Judith Goldberg Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GEORGE P. SANDERS

this 3rd day of JANUARY A. D., 1975 at 2:40 o'clock P M., and duly recorded in Vol. M 75, of DEEDS on Page 108

Rtn: George P. Sanders
1830 Tularosa Rd.,
Lompoc, Calif.

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Dragt Deputy