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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1C. LAST: ERICKSON
2A. DATE OF DEATH (MONTH, DAY, YEAR): February 17, 1979
2D. HOUR: 2310

3. SEX: - - -
4. RACE: - - -
5. ETHNICITY: - - -
6. DATE OF BIRTH: August 7, 1914
7. AGE: 64 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: MINUTES

8. BIRTHPLACE OF FATHER: Minnesota
9. NAME AND BIRTHPLACE OF MOTHER: James Erickson - Minnesota
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Welhelmina Johnson-Minnesot

11. CITIZEN OF WHAT COUNTRY: United States
12. SOCIAL SECURITY NUMBER: 472-07-3816
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Elizabeth Mariner

15. PRINCIPAL OCCUPATION: Microfilm Copier
16. NUMBER OF YEARS THIS OCCUPATION: 6
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Ventura County
18. KIND OF INDUSTRY OR BUSINESS: County Court System

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 296 Trevino Drive
19B. INSIDE CITY LIMITS?
19C. CITY OR TOWN: Nipomo
19D. COUNTY: San Luis Obispo
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Elizabeth Erickson (wife) 296 Trevino Drive Nipomo, CA 93444
21A. PLACE OF DEATH: VA Medical Center
21B. COUNTY: Santa Clara
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3801 Miranda Avenue
21D. CITY OR TOWN: Palo Alto

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE: Intracerebral Hematoma — Days — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
(A) See 10. CD AS A CONSEQUENCE OF: Cerebral Infarction — Days
(B) See 10. CD AS A CONSEQUENCE OF:
(C)

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE: Left Temporal Craniotomy
24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS AUTOPSY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? Yes

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE: 2/14/79
TYPE OF OPERATION: Temporal Craniectomy

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. 28B. PHYSICIAN—SIGNATURE AND TITLE: Todd L. Helle, MD 28C. DATE SIGNED: 2/20/79 28D. PHYSICIAN'S LICENSE NUMBER: G 37888
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Todd L. Helle, M.D. 3801 Miranda Avenue; Palo Alto, CA 94304

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY: 31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. 35B. CORONER—SIGNATURE AND TITLE
35C. DATE SIGNED
35D. CORONER'S LICENSE NUMBER AND SIGNATURE

36. DISPOSITION: Cremation
37. DATE—MONTH, DAY, YEAR: Feb. 22, 1979
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Alta Mesa Crematory, Palo Alto
39. EMBALMED? Not Embalmed
40. ADDRESS OF CEMETERY OR CREMATORY
41. LOCAL REGISTRAR—SIGNATURE AND TITLE: Roller Chapgood & Tinney
42. DATE ACCEPTED BY LOCAL REGISTRAR: Feb. 22, 1979

A. STATE REGISTRAR
B.
C.
D.
E.
F.

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
Bernice Giansiracusa, M.D.
Local Registrar of Vital Statistics
March 1, 1979
By: Esteban Vara
Deputy Registrar of Vital Statistics
Santa Clara County Health Department
San Jose, California
Certification Fee $3.00

E. Erickson
296 Trevino Dr
Nipomo Ca 93444

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of May A.D., 19 80 at 1:49 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 8327.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A. Letsche Deputy