

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Dick aka Richard		2A. DATE OF DEATH (MONTH, DAY, YEAR) February 28, 1981	
3. SEX Male		7. AGE 65	
4. RACE White		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Georgia Lowery-KS	
5. ETHNICITY American		13. MARITAL STATUS Married	
6. DATE OF BIRTH April 3, 1915		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Ellen Burke	
8. EMPLOYER OF DECEDENT (STATE OR FOREIGN COUNTRY) CA		16. KIND OF INDUSTRY OR BUSINESS Industrial	
9. NAME AND BIRTHPLACE OF FATHER Burt Fulgham-AL		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Aerojet Corp.	
11. CITIZEN OF WHICH COUNTRY USA		18. NUMBER OF YEARS THIS OCCUPATION 22½	
12. SOCIAL SECURITY NUMBER 553-09-0794A		19. CITY OR TOWN Rancho Cordova	
14. PRESENT OCCUPATION Research Tech		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Ellen Fulgham-Wife Ret: 2218 Bota Court Rancho Cordova, CA. 95670	
15A. HOME RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2218 Bota Court		19B. STATE CA	
19C. COUNTY Sacramento		21A. PLACE OF DEATH Center Skilled Nursing Home	
21B. CITY OR TOWN Sacramento		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2257 Fair Oaks Blvd.	
21D. CITY OR TOWN Sacramento		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) CARCINOMA of the Mecklenstein (B) DUE TO, OR AS A CONSEQUENCE OF (C) DUE TO, OR AS A CONSEQUENCE OF	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH PREVIOUSLY REPORTED? No	
25. WAS DEATH PREVIOUSLY REPORTED? No		26. WAS DEATH PREVIOUSLY REPORTED? No	
27. WAS DEATH PREVIOUSLY REPORTED? No		28. DATE SIGNED 3/2/81	
29. PHYSICIAN'S LICENSE NUMBER 0-6 5393		30. PHYSICIAN'S SIGNATURE AND ADDRESS Assoc. F. Hamby, M.D., 723 Stockton Blvd., Sacto, CA 95823	
31. DATE OF DEATH 2/27/81		32. DATE OF DEATH 2/27/81	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OF TOWN) 723 Stockton Blvd., Sacto, CA 95823		34. DISCLOSE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35. CORONER'S SIGNATURE AND ADDRESS OR TITLE		36. DATE SIGNED	
37. DATE (MONTH, DAY, YEAR) 3-3-81		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Camellia Memorial Lawn, Sacramento, CA.	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed		40. NAME OF FUNERAL DIRECTOR (FOR FUNERAL BEING AS NEEDED) Thompson Funeral Home	
41. LOCAL REGISTRY OF DEATHS		42. STATE REGISTRAR	

THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE
SACRAMENTO COUNTY DEPARTMENT OF PUBLIC HEALTH, SACRAMENTO, CALIFORNIA
REGISTERAR
DEPUTY
Registrar of Vital Statistics
Sacramento County, California

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the
22nd day of April A.D., 1981 at 1:53 o'clock P.M., and duly recorded in
Vol M81 of Deeds on page 7213.

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK

By Debra A. Janzi Deputy