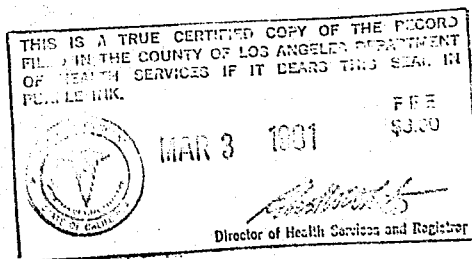


STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Dorothy		1B. MIDDLE —	
1C. LAST Clark		2A. DATE OF DEATH (MONTH, DAY, YEAR) February 27, 1981	
3. SEX Female		4. RACE White	
5. ETHNICITY White		6. DATE OF BIRTH April 5, 1930	
7. AGE 50		8. IF UNDER 1 YEAR MONTHS DAYS	
9. NAME AND BIRTHPLACE OF FATHER John Henry Moon Texas		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Gladys Tallant Texas	
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 570-34-8611	
13. MARITAL STATUS Divorced		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) N/A	
15. PRIMARY OCCUPATION Assembly Inspector		16. NUMBER OF YEARS THIS OCCUPATION 10 yrs.	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) McDonnell-Douglas		18. KIND OF INDUSTRY OR BUSINESS Aircraft Mfg.	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1411 West 190th St. Sp 36		19B. CITY OF TOWN Gardena	
19C. COUNTY Los Angeles		19D. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Theresa Jacobsen (Daughter)		21. ADDRESS 3351 Andy St. Apt. #1 Long Beach, California 90805	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Acute lymphocytic leukemia (B) Malignant lymphoma (C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
24. WAS DEATH REPORTED TO CORONER? No		25. WAS BIOPSY PERFORMED? Yes	
26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Lymph Node Biopsy	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.) 5-19-78		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Stuart Wong M.D.	
28C. DATE SIGNED 3-2-81		28D. PHYSICIAN'S LICENSE NUMBER C-22131	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY 3440 W. Lomita Blvd, Torrance, California	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		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. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR March 3, 1981	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Harbor Lawn Crematory, 1625 Gisler, Costa Mesa		39. ENHANCER'S LICENSE NUMBER John H. [Signature]	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) STONE & MYERS MORTUARY		41. LOCAL REGISTRAR—SIGNATURE [Signature]	
42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 2 - 1981		43. STATE REGISTRAR A. [Signature]	
B. [Signature]		C. [Signature]	
D. [Signature]		E. [Signature]	
F. [Signature]		VS-11 (10-78)	

Ret.
 Teresa Jacobsen
 117 Fountain Dr.
 Glendale, La. 70458



State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the
 27th day of May A.D., 1981 at 3:18 o'clock p M., and duly recorded in

Vol M81 of Deeds on page 9370.

EVELYN BIEHN
 COUNTY CLERK

Fee \$ 3.50

By Debra A. Gmeyer deputy