

1373

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M81 Page 11565

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST SHERWOOD			1B. MIDDLE H.		1C. LAST DODGE
3. SEX Male			4. RACE White		5. ETHNICITY
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Wyoming			9. NAME AND BIRTHPLACE OF FATHER Claude Dodge - Nebraska		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Berenice Higby-Nebraska
11. CITIZEN OF WHAT COUNTRY United States			12. SOCIAL SECURITY NUMBER 277-36-8046		13. MARITAL STATUS Married
15. PRIMARY OCCUPATION Captain			16. NUMBER OF YEARS THIS OCCUPATION 30		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) United States Navy
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6232 Glide Avenue			19B.		19C. CITY OR TOWN Woodland Hills
19D. COUNTY Los Angeles			19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Eleanor E. Dodge Wife 6232 Glide Avenue Woodland Hills, CA 91367
21A. PLACE OF DEATH Residence			21B. COUNTY Los Angeles		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6232 Glide Avenue			21D. CITY OR TOWN Woodland Hills		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) <i>Acute Myocardial Infarction</i> (B) <i>Coronary Artery Heart Disease</i> (C)					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>Septic Ulcer Disease</i>					
24. WAS DEATH REPORTED TO CORONER? 81-4539					
25. WAS BIOPSY PERFORMED? NO					
26. WAS AUTOPSY PERFORMED? NO					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <i>Yes, splenectomy 6/80</i>					
28. DATE SIGNED 4/6/81					
28D. PHYSICIAN'S LICENSE NUMBER 64799					
28E. TYPE PHYSICIAN'S NAME AND ADDRESS Harvey D. Davis, M.D. 6325 Topanga Canyon, Woodland Hills					
29. SPECIFY ACCIDENT, SUICIDE, ETC.					
30. PLACE OF INJURY					
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 HIELD AN (INQUEST-INVESTIGATION)					
35B. CORONER—SIGNATURE AND DEGREE OR TITLE					
35C. DATE SIGNED					
36. DISPOSITION Cremation					
37. DATE—MONTH, DAY, YEAR 4-9-81					
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakwood Memorial Park, Chatsworth, CA					
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Praiswater - Canoga Park					
41. LOCAL REGISTRATION DISTRICT					
42. DATE ACCEPTED BY REGISTRAR APR 06 1981					
STATE REGISTRAR A. B. C. D. E. F.					

VS-11 (10-78)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



APR 06 1981

\$3.00

Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the

26th day of June A.D., 1981 at 11:52 o'clock A.M., and duly recorded in

Vol M81 of Deeds on page 11565.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

By Bernetha H. H. Deputy