1725

# CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M81 Page 12127

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

| 1A. NAME OF DECEDENT—FIRST | 1B. MIDDLE | 1C. LAST | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | 2B. HOUR |
|---|---|---|---|---|
| SHERWOOD | H. | DODGE | April 5, 1981 | 0613 |

| 3. SEX | 4. RACE | 5. ETHNICITY | 6. DATE OF BIRTH | 7. AGE (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES) |
|---|---|---|---|---|
| Male | White | | January 10, 1913 | 68 YEARS |

| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | 9. NAME AND BIRTHPLACE OF FATHER | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER |
|---|---|---|
| Wyoming | Claude Dodge - Nebraska | Berenice Higby-Nebraska |

| 11. CITIZEN OF WHAT COUNTRY | 12. SOCIAL SECURITY NUMBER | 13. MARITAL STATUS | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) |
|---|---|---|---|
| United States | 277-36-8046 | Married | Eleanor Eldredge |

| 15. PRIMARY OCCUPATION | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | 18. KIND OF INDUSTRY OR BUSINESS |
|---|---|---|---|
| Captain | 30 | United States Navy | Defense |

**USUAL RESIDENCE**

| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 19B. | 19C. CITY OR TOWN |
|---|---|---|
| 6232 Glide Avenue | | Woodland Hills |

| 19D. COUNTY | 19E. STATE | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP |
|---|---|---|
| Los Angeles | CA | Eleanor E. Dodge Wife<br>6232 Glide Avenue<br>Woodland Hills, CA 91367 |

**PLACE OF DEATH**

| 21A. PLACE OF DEATH | 21B. COUNTY | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 21D. CITY OR TOWN |
|---|---|---|---|
| Residence | Los Angeles | 6232 Glide Avenue | Woodland Hills |

**CAUSE OF DEATH**

22. 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, STATING THE UNDERLYING CAUSE LAST | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Acute Myocardial Infarction | Minutes |
| DUE TO, OR AS A CONSEQUENCE OF | (B) Coronary Artery Heart Disease | 4 years |
| DUE TO, OR AS A CONSEQUENCE OF | (C) | |

24. WAS DEATH REPORTED TO CORONER? 81-4539
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Prostatic Adenocarcinoma

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Cystoscopy & Prostatectomy DATE: 6/80

**PHYSICIAN'S CERTIFICATION**

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.) | I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER |
|---|---|---|---|---|
| 6/4/78 | 2/10/81 | Harvey D. Davis, MD | 4/6/81 | G-47799 |

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Harvey D. Davis, M.D. 6325 Topanga Canyon, Woodland Hills CA

**INJURY INFORMATION**

| 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)

**CORONER'S USE ONLY**

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 | 37. DATE—MONTH, DAY, YEAR | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE |
|---|---|---|---|
| Cremation | 4-9-81 | Oakwood Memorial Park, Chatsworth, CA | Not Embalmed |

| 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 41. LOCAL REGISTRAR—SIGNATURE | 42. DATE ACCEPTED BY LOCAL REGISTRAR |
|---|---|---|
| Praiswater - Canoga Park | | APR 06 1981 |

**STATE REGISTRAR**

| A. | B. | C. | D. | E. | F. |
|---|---|---|---|---|---|
| | | | | | |

VS-11 (10-78)

JUL 6 PM 4 35

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

APR 8 1981 $3.00

Director of Health Services and Registrar

Return To:
Wm. P. Brandsness
411 Pine St.
Klamath Falls, OR. 97601

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 July A.D., 1981 at 4:35 o'clock P M., and duly recorded in Vol M81 of Deeds on page 12127.

Fee $3.50

EVELYN BIEHN
COUNTY CLERK

By Bernetha M. Fobes deputy