

1725

CERTIFICATE OF DEATH

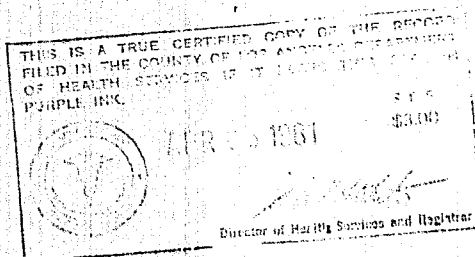
STATE OF CALIFORNIA

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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. DATE OF BIRTH January 10, 1913		7. AGE 68		8. DATE OF DEATH (MONTH, DAY, YEAR) April 5, 1981	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Wyoming		10. NAME AND BIRTHPLACE OF FATHER Claude Dodge - Nebraska		11. BIRTH NAME AND BIRTHPLACE OF MOTHER Berenice Higby-Nebraska	
12. CITIZEN OF WHAT COUNTRY United States		13. SOCIAL SECURITY NUMBER 277-36-8046		14. MARITAL STATUS Married	
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Eleanor Eldredge		16. PRIMARY OCCUPATION Captain		17. NUMBER OF YEARS THIS OCCUPATION 30	
18. EMPLOYER (IF SELF-EMPLOYED, SO STATE) United States Navy		19. KIND OF INDUSTRY OR BUSINESS Defense		20. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6232 Glide Avenue	
21. CITY OR TOWN Woodland Hills		22. STATE CA		23. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Eleanor E. Dodge Wife 6232 Glide Avenue Woodland Hills, CA 91367	
24. COUNTY Los Angeles		25. PLACE OF DEATH Residence		26. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6232 Glide Avenue	
27. CITY OR TOWN Woodland Hills		28. DEATH WAS CAUSED BY: (A) <i>Acute Myocardial Infarction</i> (B) <i>Coronary Artery Heart Disease</i> (C)		29. DEATH REPORTED TO CORONER 81-4539	
30. WAS DEATH REPORTED TO CORONER? 25. WAS BIOPSY PERFORMED? 26. WAS AUTOPSY PERFORMED?		31. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>Ischemic Heart Disease</i>		32. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 27 ON 27? <i>Yes, for prostatectomy & hysterectomy 6/80</i>	
33. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. OR YR.) 6/9/78		34. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Harvey D. Davis, M.D.</i>		35. DATE SIGNED 4/6/81	
36. TYPE PHYSICIAN'S NAME AND ADDRESS Harvey D. Davis, M.D. 6325 Topanga Canyon, Woodland Hills		37. PHYSICIAN'S LICENSE NUMBER CA 64799		38. SPECIFY ACCIDENT, SUICIDE, ETC. 39. PLACE OF INJURY	
40. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		41. INJURY AT WORK 42. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR		43. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE FILED AN (INQUEST-INVESTIGATION)	
44. CORONER—SIGNATURE AND DEGREE OR TITLE 35C. DATE SIGNED		45. DISPOSITION Cremation		46. DATE 4-9-81	
47. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Praiswater - Canoga Park		48. LOCAL HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		49. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	
50. STATE REGISTRAR A. B. C. E. F.		51. LOCAL HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		52. DATE ACCEPTED BY HEALTH OFFICER APR 06 1981	

VS-11 (12-78)

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 DIEHN
COUNTY CLERKBy *[Signature]* deputy