A852

4580 CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 16744

Field	Entry
1A. Name of decedent — First	Judith
1B. Middle	ESTELLA
1C. Last	Dickerson
2A. Date of death (month, day, year)	July 10, 1981
2B. Hour	1800
3. Sex	Female
4. Race	Caucasian
5. Ethnicity	
6. Date of birth	August 19, 1941
7. Age	39 years
8. Birthplace of decedent (state or foreign country)	IA
9. Name and birthplace of father	Russell T. Conn IA
10. Birth name and birthplace of mother	Jennetta Reid IA
11. Citizen of what country	USA
12. Social security number	484-43-0880
13. Marital status	Married
14. Name of surviving spouse (if wife, enter birth name)	George Dickerson
15. Primary occupation	Secretary
16. Number of years this occupation	2½
17. Employer (if self-employed, so state)	McDonnell-Douglas
18. Kind of industry or business	Aircraft
19A. Usual residence — street address	6862 Cerritos Avenue
19B.	.
19C. City or town	Cypress
19D. County	Orange
19E. State	California
20. Name and address of informant — relationship	Mr. George Dickerson, husband ~~6862 Cerritos Avenue~~ Cypress, California 90630 P.O. Box 2902 Seal Bch, Ca 90740
21A. Place of death	West Anaheim Community Hospital
21B. County	Orange
21C. Street address (street and number or location)	3033 West Orange Avenue
21D. City or town	Anaheim

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

	Cause	Approximate interval between onset and death
Immediate cause (A)	LIVER FAILURE	2 wks
Due to, or as a consequence of (B)	MULTIPLE METTASTASES	3 months
Due to, or as a consequence of (C)	ANAPLASTIC CARCINOMA OF COLON	9 months

24. Was death reported to coroner: NO
25. Was biopsy performed: YES
26. Was autopsy performed: NO

23. Other conditions contributing but not related to the immediate cause of death:

27. Was operation performed for any condition in items 22 or 23: YES — Type of operation: LAPAROTOMY — Date: 6-22-81

28A. I certify that death occurred at the hour, date and place stated from the causes stated. Attended decedent since: 6-11-81 — Last saw decedent alive: 7-10-81

28B. Physician — signature and degree or title: [signature]

28C. Date signed: 7-13-81

28D. Physician's license number: C28132

28E. Type physician's name and address: Robert Schwartz, M.D. 3055 W. Orange, Anaheim, 92804

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 held an (inquest-investigation)
35B. Coroner — signature and degree or title
35C. Date signed

36. Disposition: Burial
37. Date — month, day, year: July 13, 1981
38. Name and address of cemetery or crematory: Forest Lawn Memorial Park 4471 Lincoln Avenue Cypress, Calif.
39. Embalmer's license number and signature: [signature] 6617
40. Name of funeral director (or person acting as such): Forest Lawn Mty., Cypress, Ca.
41. Local registrar — signature: L. Rex Ehling, M.D.
42. Date accepted for registration: JUL 13 1981

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

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORDS FILED IN THIS OFFICE.

Fee $1.90 — No Fee Veterans Purposes

Date: JUL 15 1981

L. Rex Ehling, M.D.

California Health Officer and Local Registrar of Births and Deaths of Orange County

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of September A.D., 1981 at 9:21 o'clock A M., and duly recorded in Vol M81 of Deeds on Page 16744.

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy

Fee $ 4.00