5763

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4200 — 81-386
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
JEAN	"H"	DALLAS	February 23, 1981	1920

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES)
Female	White	American	January 21, 1922	59

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
IL	Cecil A. Williams - MI	Pearl G. Stevenson - IL

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U. S. A.	526-18-3462	Married	Richard E. Dallas

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Waitress	12	Santa Maria Club	Restaurant

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
340 East Taft Street	22.03	Santa Maria

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Santa Barbara	California	Richard E. Dallas (Husband) 340 East Taft Street Santa Maria, California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Marian Hospital	Santa Barbara

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21E. CITY OR TOWN
1400 East Church Street	Santa Maria

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.

IMMEDIATE CAUSE (A) Perforated Viscus — 3d

DUE TO, OR AS A CONSEQUENCE OF (B) Metastatic Carcinomas — Mos

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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? TYPE OF OPERATION: No — DATE

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
1·16·81	2·23·81	J. H. Hollerbach MD	2·24·81	C25571

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Dr. David Hollerbach, 1414 South Miller Street, Santa Maria, California

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
Burial	2/26/81	Santa Maria Cemetery Santa Maria, California	6747

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Dudley-Hoffman Mortuary	Lawrence Hart MD	February 25, 1981

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

VS-11 (5-78)

SANTA BARBARA COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the certificate on file in this office.
FEE $3.00 AUG 5 - 1981
Lawrence Hart, M.D.

STATE OF OREGON,)
County of Klamath)
Filed for record at request of
Richard E. Dallas
on this 26th day of October A.D. 1981
at 11:28 o'clock A. M. and duly
recorded in Vol. M-81 of Deeds
page 18610
EVELYN BIEHN, County Clerk
By [signature] Deputy
Fee 4.00