

15485

JA-38-00-0820487

m82 12156

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8009

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Nickie	1B. MIDDLE William	1C. LAST Vedick	2A. DATE OF DEATH (MONTH, DAY, YEAR) February 6, 1982
3. SEX Male	4. RACE White	5. ETHNICITY	6. DATE OF BIRTH August 7, 1935
7. AGE 46	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) U.S.A.	9. NAME AND BIRTHPLACE OF FATHER George Vedick - Yugoslavia	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mildred Alma Haney-OR
11. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	12. SOCIAL SECURITY NUMBER 543-34-8857	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Dorothy Smith
15. PRIMARY OCCUPATION Radioman	16. NUMBER OF YEARS THIS OCCUPATION 20	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) U. S. Government	18. KIND OF INDUSTRY OR BUSINESS U.S. Navy
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) 2352 Ridgeview Drive		19B. CITY OR TOWN San Diego	19C. CITY OR TOWN San Diego
19D. COUNTY San Diego		19E. STATE California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Dorothy Lee Vedick - wife 2352 Ridgeview Drive San Diego, CA 92105
21A. PLACE OF DEATH Naval Regional Medical Center		21B. COUNTY San Diego	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) Park Boulevard
21D. CITY OR TOWN San Diego		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Metastatic adenocarcinoma, lung (B) Adenocarcinoma of right lung (C)	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER? No	25. WAS BIOPSY PERFORMED? Yes
26. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Craniotomy	28. DATE SIGNED Sept 1981
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Feb 5, 1982		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE J. L. PERSON, LT MC USN	28C. DATE SIGNED 9 Feb 82
28D. PHYSICIAN'S LICENSE NUMBER None - US Navy		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Naval Regional Medical Center San Diego, CA 92134	
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 Cremation	
37. DATE—MONTH, DAY, YEAR 2-9-82		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Cypress View Crematory, San Diego, CA	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benbough	
41. LOCAL REGISTRAR—SIGNATURE Ronald L. Carrasco, M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR FEB 9 1982	
43. STATE REGISTRAR—A. B. C. D. F.		44. STATE REGISTRAR—A. B. C. D. F.	

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF
THE ORIGINAL DOCUMENT FILED.
FEE PAID: \$3.00
DATE ISSUED: FEB 11 1982

RETURN TO:
DOROTHY VEDICK
2352 RIDGEVIEW DR
SAN DIEGO, CA 92105

FILED FOR RECORD
this 13 day of Sept A.D. 19 82 at 3:37 P M
duly recorded in Vol. M 82 of Deeds on 12156
Fee \$4.00
EVELYN BIEHL County Clerk
By *[Signature]*