

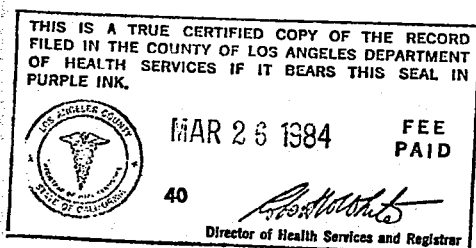
40746

# CERTIFICATE OF DEATH

## STATE OF CALIFORNIA

Vol. M84 Page 15146

|  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|
| STATE FILE NUMBER  |  | 1A. NAME OF DECEDENT—FIRST   |  | 1B. MIDDLE  |  | 1C. LAST   |  | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER                 |  |
|  |  | Bobby  |  | Hamerel   |  | Dodd   |  | 2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR                    |  |
| 3. SEX   |  | 4. RACE/ETHNICITY  |  | 5. SPANISH/HISPANIC NO                              |  | 6. DATE OF BIRTH   |  | 7. AGE   |  |
| Male   |  | White  |  | <input checked="" type="checkbox"/> American        |  | July 10, 1917  |  | 66 YEARS   |  |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)   |  | 9. NAME AND BIRTHPLACE OF FATHER   |  | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER             |  | 11. CITIZEN OF WHAT COUNTRY                              |  | 12. SOCIAL SECURITY NUMBER   |  |
| California   |  | Howard W. Dodd, Washington   |  | Marie Hammerel - Ohio                               |  | U.S.A.   |  | 563-07-1247  |  |
| 13. PRIMARY OCCUPATION   |  | 14. NUMBER OF YEARS THIS OCCUPATION  |  | 15. EMPLOYER OF SELF-EMPLOYED, SO STATE             |  | 16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) |  | 17. KIND OF INDUSTRY OR BUSINESS                                   |  |
| Inspector  |  | 25   |  | Challenge-Cook Bros.                                |  | Margaret Willis  |  | Truck Mfg.   |  |
| 18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)  |  | 18B.   |  | 19C. CITY OR TOWN                                   |  | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP           |  | 21. WAS DEATH REPORTED TO CORONER?                                 |  |
| 13120 Bradley Street, #45  |  |  |  | Sylmar  |  | Margaret Dodd - Wife                                     |  | 84-3994  |  |
| 19D. COUNTY  |  | 19E. STATE   |  | 20A. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP     |  | 21. WAS BIOPSY PERFORMED?                                |  | 22. WAS AUTOPSY PERFORMED?   |  |
| Los Angeles  |  | California   |  | Margaret Dodd - Wife                                |  | YES  |  | NO   |  |
| 21A. PLACE OF DEATH  |  | 21B. COUNTY  |  | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) |  | 21D. CITY OR TOWN  |  | 21E. STATE   |  |
| Terrace Plaza Hospital   |  | Los Angeles  |  | 14148 E. Francisquito                               |  | Baldwin Park   |  | California   |  |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)   |  | 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A |  | 24. WAS DEATH REPORTED TO CORONER?                  |  | 25. WAS BIOPSY PERFORMED?                                |  | 26. WAS AUTOPSY PERFORMED?   |  |
| (A) Acute Respiratory Failure  |  | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION           |  | 28. DATE SIGNED                                     |  | 28D. PHYSICIAN'S LICENSE NUMBER                          |  | 29. SPECIFY ACCIDENT, SUICIDE, ETC.                                |  |
| (B) Aspiration pneumonia   |  | Pneumonectomy  |  | 3/23/84   |  | A28374   |  | 30. PLACE OF INJURY  |  |
| (C) Cerebral Infarction  |  |  |  |   |  |  |  | 31. INJURY AT WORK   |  |
|  |  |  |  |   |  |  |  | 32A. DATE OF INJURY—MONTH, DAY, YEAR                               |  |
|  |  |  |  |   |  |  |  | 32B. HOUR  |  |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES  |  | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE   |  | 28C. DATE SIGNED                                    |  | 28D. PHYSICIAN'S LICENSE NUMBER                          |  | 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)      |  |
| 1973   |  | R. Kodama, M.D. 15726 E. Gale Ave. Hacienda Heights, Ca.                                     |  | 3/23/84   |  | A28374   |  | 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-INVIGATION) |  | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE   |  | 35C. DATE SIGNED                                    |  | 36. NAME AND ADDRESS OF CEMETERY OR CREMATORY            |  | 37. DATE—MONTH, DAY, YEAR  |  |
|  |  |  |  |   |  | Eternal Valley Memorial Park                             |  | March 26, 1984   |  |
| 38. NAME OF FLUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)   |  | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE  |  | 40. LICENSE NO.                                     |  | 41. LOCAL REGISTRATION DISTRICT                          |  | 42. DATE ACCEPTED BY LOCAL REGISTRAR                               |  |
| Eternal Valley Memorial Park   |  | 5752 Richard E. Campbell   |  | F-1163  |  | 12   |  | MAR 26 1984  |  |
| STATE REGISTRAR  |  | A.   |  | B.  |  | C.   |  | D.   |  |
|  |  |  |  |   |  |  |  |  |  |



Margaret Northcutt  
Return To 13120 Bradley Sp. 45  
Sylmar, Ca. 91342

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for record on the 31 day of August A.D., 1984 at 1:45 o'clock P M, and duly recorded in Vol M84 of Deeds on page 15146.

Index: \$1.00  
Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK  
by: Pam Smith, Deputy