

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		FRANCES		JEWEL		PIKE		2A. DATE OF DEATH (MONTH, DAY, YEAR)			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		3B. HOUR	
Fe		Cauc		NO		September 27, 1925		August 13, 1984		0400	
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		13. MARITAL STATUS	
TN		Joseph W. Worthington - TN		Minnie Hall - TN		U.S.A.		408-20-7736		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
Homemaker		Adult		At Home		Homemaking		363 Barry Dr.		Ventura	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Ventura		California		Casper L. Pike - Husband		Community Memorial Hospital		Ventura		Loma Vista Rd. & Brent St.	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
(A) Adominal Carcinomatosis dec. to 16 mos.				No		No		No		Appendectomy, enterolysis 12-12-81	
(B) Moderately differentiated Adenocarcinoma of Appendix 33 mos.											
(C)											
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO./DA. YR.)		Robert P. Ouwendijk, M.D., 64 No. Brent St., Ventura, CA		3-13-84		410155					
8-5-83		8-3-84						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-INVIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. DISPOSITION	
										Burial	
										8/16/84	
										Conejo Mountain Memorial Park, Camarillo, CA 7400	
										40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
										Ted M. Mayr Funeral Home	
										40B. LICENSE NO.	
										#667	
										41. LOCAL REGISTRAR—SIGNATURE	
										Sarah L. Miller, M.D.	
										42. DATE ACCEPTED BY LOCAL REGISTRAR	
										AUG 15 1984	
STATE REGISTRAR		A.		B.		C.		D.		E.	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.



AUG 15 1984

DATE

Sarah L. Miller, M.D., Health Officer and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of _____ October _____ A.D., 19 _____ 85 at _____ 11:34 o'clock _____ A.M., and duly recorded in Vol. _____ M85
of _____ Deeds _____ on Page _____ 17209

FEE \$5.00

Evelyn Biehn

County Clerk

Return & Send Taxes to: Casper L. Pike 4800 E. Vegas Valley Dr., #79
Las Vegas, Nevada 89121