63068

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CASE

82-160776 ATC# M29931

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8009 000554
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Dorothy
1B. MIDDLE: Elaine
1C. LAST: Pritchard
2A. DATE OF DEATH (MONTH, DAY, YEAR): September 3, 1982
2B. HOUR: 2140
3. SEX: Female
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: January 22, 1925
7. AGE: 57 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): San Diego, California
9. NAME AND BIRTHPLACE OF FATHER: Robert Whidby Alabama
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Nellie Fleming Florida
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 567 26 4293
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Jack Pritchard
15. PRIMARY OCCUPATION: Homemaker
16. NUMBER OF YEARS THIS OCCUPATION: Adult Life
17. EMPLOYER (IF SELF EMPLOYED, SO STATE): Self
18. KIND OF INDUSTRY OR BUSINESS: Own Home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4868 Louise Dr.
19B.
19C. CITY OR TOWN: San Diego
19D. COUNTY: San Diego
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Hillside Hospital
21B. COUNTY: San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1940 El Cajon Blvd.
21D. CITY OR TOWN: San Diego

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Nellie Whidby Mother
4328 51st. Street
San Diego, California 92115

CAUSE OF DEATH

1990
1991

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Cardiorespiratory arrest
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (B): meta static carcinoma
DUE TO, OR AS A CONSEQUENCE OF (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: none
24. WAS DEATH REPORTED TO CORONER? no
25. WAS BIOPSY PERFORMED? no
26. WAS AUTOPSY PERFORMED? no
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: DATE: no

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 NO. OF YR.): 8.15.82
I LAST SAW DECEDENT ALIVE (ENTER NO. OF YR.): 9.3.82
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: J. Kogler MD
28C. DATE SIGNED: 9.8.82
28D. PHYSICIAN'S LICENSE NUMBER: A030978
28E. TYPED PHYSICIAN'S NAME AND ADDRESS: J. Kogler, M.D. - 7930 Frost - San Diego, CA

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 / NO 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: Burial
37. DATE—MONTH, DAY, YEAR: Sept. 9, 1982
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: El Cajon Cemetery 2080 Dehesa Rd. El Cajon, Ca.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 822
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rogers Mortuary 69
41. LOCAL REGISTRAR—SIGNATURE: Donald L. Ramos, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 8 1982

STATE REGISTRAR: A. 1 B. 4 C. 2 D. E. 1991 F.

VS-11 (10-78)

11265

Return : A.T.C.

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Recorder.

MAY 22 1986

Vera L. Lyle Recorder

San Diego County, California

RECORDER OF SAN DIEGO COUNTY SEAL CALIFORNIA

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

on this 27th day of June A.D., 19 86
at 10:28 o'clock A M. and duly recorded
in Vol. M86 of Deeds Page 11264.
Evelyn Biehn, County Clerk
By Pam Smith Deputy.

Fee, $9.00