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Vol. M86 Page 21258

K-39070

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

38534

2144

DECEDENT PERSONAL DATA

1A. Name of decedent—First: Norman
1B. Middle: Edward
1C. Last: Hickey
2A. Date of death (month, day, year): April 11, 1985
2B. Hour: 0210
3. Sex: Male
4. Race/Ethnicity: White/ American
5. Spanish/Hispanic: No
6. Date of birth: June 18, 1925
7. Age: 59 years
8. Birthplace of decedent (state or foreign country): WA
9. Name and birthplace of father: Edward C. Hickey PA
10. Birth name and birthplace of mother: Esther Andrews MT
11A. Citizen of what country: USA
11B. If deceased was ever in military give dates of service: 19 not available
12. Social Security number: 537-16-5416
13. Marital status: married
14. Name of surviving spouse (if wife, enter birth name): Violet Hickey
15. Primary occupation: Electronic Tech.
16. Number of years this occupation: 36
17. Employer (if self-employed, so state): Pacific Telephone
18. Kind of industry or business: Communications

USUAL RESIDENCE

19A. Usual residence—street address (street and number or location): 4320 Vassar Way
19B. County: Sacramento
19C. City or town: Sacramento
19D. State: CA
20. Name and address of informant—relationship: Violet Hickey wife, 4320 Vassar Way, Sacramento, CA.

PLACE OF DEATH

21A. Place of death: Kaiser Foundation Hospital
21B. County: Sacramento
21C. Street address (street and number or location): 2025 Morse Avenue
21D. City or town: Sacramento

CAUSE OF DEATH

22. Death was caused by: (enter only one cause per line for A, B and C)
Immediate cause (A): Carcinoma of Lung — Approximate interval between onset and death: 6 Mos.
Due to, or as a consequence of (B):
Due to, or as a consequence of (C):
23. Other significant conditions—contributing to death but not related to cause given in 22A: None
24. Was death reported to coroner: No
25. Was biopsy performed: Yes
26. Was autopsy performed: No
27. Was operation performed for any condition in items 22 or 23? Type of operation: Right Thoracotomy — Date: 11/20/84

Amended 1 of 2

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.): 03-03-1975
I last saw decedent alive (enter mo. da. yr.): 04-10-1985
28B. Physician—signature and degree or title: [signature]
28C. Date signed: 04-11-85
28D. Physician's license number: G17445
28E. Type physician's name and address: Arlene Brandwein, M.D., 2025 Morse Ave., Sacramento, Ca. 95825

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: Burial
37. Date—month, day, year: April 15, 1985
38. Name and address of cemetery or crematory: Mount Vernon Memorial Park, Fair Oaks, CA
39. Embalmer's license number and signature: Rod Noble 5082
40A. Name of funeral director (or person acting as such): Mount Vernon Mortuary
40B. License no.: F1154
41. Local registrar—signature: [signature] M.D.
42. Date accepted by local registrar: APR 12 1985

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

VS-11 (1-84)

85215
Returned K.C.T.C.

21259

PLEASE NOTE
This copy may fade if exposed to heat or sunlight.

THIS IS A TRUE CERTIFIED COPY OF THE RECORD IF IT BEARS THE SEAL, IMPRINTED IN PURPLE INK OF THE COUNTY CLERK/RECORDER.

Joyce Russell Smith
COUNTY CLERK/RECORDER
SACRAMENTO CO., CA.

CLERK-RECORDER
SACRAMENTO CO. CALIF.

OCT 15 1986

STATE CERTIFICATE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

385 34

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Norman	Edward	Hickey

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Male	April 11, 1985	Sacramento, Sacramento

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Edward C. Hickey	Esther Andrews

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
14.	Violet Hickey	Violet Taylor

2 of 2

REASON FOR CORRECTION 9.

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
[signature]	Mortuary secretary	over 21

12. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
[signature]	Mortuary secretary	over 21

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
	8201 Greenback Lane, Fair Oaks, CA

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
APR 15 1985	[signature]

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

REV. 11-83 FORM VS-24

21251

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Joyce Russell Smith
COUNTY CLERK/RECORDER
SACRAMENTO CO., CA.

CLERK-RECORDER SACRAMENTO CO. CALIF.

OCT 15 1986

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of November A.D., 19 86 at 10:59 o'clock A M., and duly recorded in Vol. M86 the 20th day
of Deeds on Page 21258.

FEE $17.00

Evelyn Biehn, County Clerk
By _____