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After Recording return to:

Iris Mickelson
10035 Mills Station Rd. #95
Sacramento, CA 95827

ASPEN #03042102

09-21-94 P03-49 RCVD

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CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

CERTIFICATE OF DEATH 3 85 34 1125

STATE FILE NUMBER		11. MIDDLE		11C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		11C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR	
FLOYD		DEWAYN		MICKELSON		February 26, 1985 0150	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH		7. AGE	
Male		Caucasian		September 15, 1928		56 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. UNDER 1 YEAR 12. UNDER 24 HOURS	
CA		George J. Mickelson, WA		Lela Comish, UT			
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY OR NAUTICAL SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
USA		19 n/a TO 19		28-28-7178		Married	
14. PRIMARY OCCUPATION		15. UNDER 1 YEAR 16. UNDER 24 HOURS		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. NAME OF SURVIVING SPOUSE OF WIFE ENTER	
Welder		Adult		American Poli-Therm		Plastic Manufacturer	
19A. USUAL RESIDENCE—STREET AND NUMBER		19B. CITY AND NUMBER		19C. CITY OR TOWN		19D. COUNTY	
4121 California Avenue		Sacramento		Carmichael		Carmichael	
20A. PLACE OF DEATH		20B. COUNTY		20C. CITY OR TOWN		20D. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
American River Hospital		Sacramento		Carmichael		Iris Mickelson, Wife 4121 California Avenue Carmichael, CA 95608	
21. STREET ADDRESS (STREET AND NUMBER OF LOCATION)		21B. CITY OR TOWN		21C. COUNTY		21D. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
4747 Engle Road		Carmichael		Sacramento		Carmichael	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITION—CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS BOPSY PERFORMED?	
WHYPERTENSIVE ENCEPHALOPATHY		BILATERAL PLEURAL EFFUSIONS, EMBOLIC HEMIPARESIS		10 DAYS		No	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		26. PHYSICIAN'S SIGNATURE AND ADDRESS		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. DATE SIGNED	
(A) MALIGNANT HYPERTENSION		29. PHYSICIAN'S SIGNATURE AND ADDRESS		No		29. DATE SIGNED	
(B) CARBONIC RENAL FAILURE		30. PHYSICIAN'S SIGNATURE AND ADDRESS		31. INJURY AT WORK		32. DATE OF INJURY	
		31. INJURY AT WORK		32. DATE OF INJURY		33. HOUR	
33. LOCATION (STREET AND NUMBER, CITY, LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER'S SIGNATURE AND ADDRESS		36. DATE OF INJURY	
35. CORONER'S SIGNATURE AND ADDRESS		36. DATE OF INJURY		37. HOUR		38. DATE OF INJURY	
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