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STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

3-95-42-000779

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1. Name of Decedent—First (Given)	SHARON
2. Middle	MAE
3. Last (Family)	MILLER
4. Date of Birth MM/DD/CCYY	12/12/1941
5. Age Yrs.	53
6. Sex	F
7. Date of Death MM/DD/CCYY	04/07/1995
8. Hour	0930
9. State of Birth	CA
10. Social Security No.	573-54-1742
11. Military Service	19 __ to 19 __ [X] None
12. Marital Status	MARRIED
13. Education—Years Completed	12
14. Race	WHITE
15. Hispanic—Specify	[ ] Yes [X] No
16. Usual Employer	VSI
17. Occupation	EXECUTIVE SECRETARY
18. Kind of Business	MANUFACTURING
19. Years in Occupation	30

USUAL RESIDENCE

Field	Entry
20. Residence—Street and Number or Location	169 KODIAK STREET
21. City	MORRO BAY
22. County	SAN LUIS OBISPO
23. Zip Code	93442
24. Yrs in County	8
25. State or Foreign Country	CALIFORNIA

INFORMANT

Field	Entry
26. Name, Relationship	JAMES MILLER, HUSBAND
27. Mailing Address	169 KODIAK STREET, MORRO BAY, CA 93442

SPOUSE AND PARENT INFORMATION

Field	First	Middle	Last	Birth State
28–30. Surviving Spouse	JAMES	THOMAS	MILLER (maiden name)	
31–34. Father	GORDON	GARNETT	TAPPER	CANADA
35–38. Mother	ADELE	M.	MARKS (maiden)	CANADA

DISPOSITION(S)

Field	Entry
39. Date MM/DD/CCYY	04/10/1995
40. Place of Final Disposition	CAYUCOS MORRO BAY CEMETERY, CAYUCOS, CA 93430

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
41. Type of Disposition(s)	CREMATION-BURIAL
42. Signature of Embalmer	NOT EMBALMED
43. License No.	-
44. Name of Funeral Director	REIS CHAPEL FUNERAL DIRECTOR
45. License No.	FD-949
46. Signature of Local Registrar	[signature]
47. Date MM/DD/CCYY	04/07/1995

PLACE OF DEATH

Field	Entry
101. Place of Death	COTTAGE HOSPITAL
102. If Hospital, Specify One	[X] IP [ ] ER/OP [ ] DOA
103. Facility Other Than Hospital	[ ] Conv. Hosp. [ ] Res. [ ] Other
104. County	SANTA BARBARA
105. Street Address	320 WEST PUEBLO STREET
106. City	SANTA BARBARA

CAUSE OF DEATH

107. Death was caused by: (Enter only one cause per line for A, B, C, and D)

	Cause	Time Interval Between Onset and Death
Immediate Cause (A)	CARDIAC ARREST	1 DAY
Due to (B)	BRAIN METASTATES	6 MOS
Due to (C)	NON-SMALL CELL CARCINOMA OF LUNG	1 YR
Due to (D)		

108. Death reported to coroner: [ ] Yes [X] No — Referral Number

109. Biopsy performed: [X] Yes [ ] No

110. Autopsy performed: [ ] Yes [X] No

111. Used in determining cause: [ ] Yes [X] No

112. Other significant conditions contributing to death but not related to cause given in 107: NONE

113. Was operation performed for any condition in item 107 or 112? If yes, list type of operation and date: NO

PHYSICIAN'S CERTIFICATION

114. I certify that to the best of my knowledge death occurred at the hour, date and place stated from the causes stated.

Field	Entry
Decedent Attended Since MM/DD/CCYY	03/08/1994
Decedent Last Seen Alive MM/DD/CCYY	04/05/1995
115. Signature and Title of Certifier	Wayne R. Kidder MD [signature]
116. License No.	G 13564
117. Date MM/DD/CCYY	04/07/1995
118. Type Attending Physician's Name, Mailing Address, Zip	WAYNE KIDDER, MD., 300 WEST PUEBLO STREET, SANTA BARBARA, CA 93105

CORONER'S USE ONLY

I certify that in my opinion death occurred at the hour, date and place stated from the causes stated.

119. Manner of Death: [ ] Natural [ ] Suicide [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Could not be Determined

120. Injury at Work: [ ] Yes [ ] No

121. Injury Date MM/DD/CCYY

122. Hour

123. Place of Injury

124. Describe how injury occurred (events which resulted in injury)

125. Location (street and number or location and city and zip code)

126. Signature of Coroner or Deputy Coroner

127. Date MM/DD/CCYY

128. Typed Name, Title of Coroner or Deputy Coroner

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

SANTA BARBARA COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the certificate on file in this office

FEE PAID APR 11 1995

[signature]

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of ______________ the 16th day of October A.D., 19 95 at 1:04 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 28029.

Bernetha G. Letsch, County Clerk

By [signature]

FEE $10.00

Ret: Sinsheimer, Schiebelhut, Box 31,
San Luis Obispo, CA 93406