STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 8009

492

1A. NAME OF DECEASED—FIRST NAME: MARGARET	1B. MIDDLE NAME: CATHERINE	1C. LAST NAME: McDOLZ	2A. DATE OF DEATH—MONTH, DAY, YEAR: 5-28-67	2B. HOUR: 11:10 A.M.
3. SEX: FEMALE	4. COLOR OR RACE: CAUCASIAN	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): IOWA	6. DATE OF BIRTH: 12-21-1884	7. AGE (LAST BIRTHDAY): 82 YEARS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: GEORGE CABLE - IOWA	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: EMELINE KITCH - IOWA		10. CITIZEN OF WHAT COUNTRY: USA	11. SOCIAL SECURITY NUMBER: 520-24-2168
12. LAST OCCUPATION: SCHOOL TEACHER	13. NUMBER OF YEARS IN THIS OCCUPATION: 40 YRS	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): WYOMING PUBLIC SCHOOLS	15. KIND OF INDUSTRY OR BUSINESS: PUBLIC SCHOOLS	
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES GIVE WAR OR DATES OF SERVICE: NO	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED	18A. NAME OF PRESENT SPOUSE: - -	18B. PRESENT OR LAST OCCUPATION OF SPOUSE: - -	
19A. PLACE OF DEATH—NAME OF HOSPITAL: SAN DIEGO CO. UNIVERSITY HOSPITAL	19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 225 WEST DICKINSON STREET	[X] INSIDE CITY CORPORATE LIMITS	[ ] OUTSIDE CITY CORPORATE LIMITS	
19C. CITY OR TOWN: SAN DIEGO	19D. COUNTY: SAN DIEGO	19E. LENGTH OF STAY IN COUNTY OF DEATH: 7 YEARS	19F. LENGTH OF STAY IN CALIFORNIA: 7 YEARS	
20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 7615 NORMAL STREET	20B. IF INSIDE CITY CORPORATE LIMITS [X] CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE. [ ] ON A FARM [ ] NOT ON A FARM	21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE): EMELINE ELLIS	
20C. CITY OR TOWN: LA MESA	20D. COUNTY: SAN DIEGO	20E. STATE: CALIFORNIA	21B. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED): 7832 CINNABAR STREET LA MESA, CALIFORNIA	
22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 5-24-67 TO 5-28-67 AND THAT I LAST SAW THE DECEASED ALIVE ON 5-28-67	22C. PHYSICIAN OR CORONER—SIGNATURE: Lawrence J. [illegible] M.D.	DEGREE OR TITLE		
22B. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ______ (INVESTIGATION, AUTOPSY, INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.	22D. ADDRESS: SAN DIEGO CO. UNIV. HOSPITAL	22E. DATE SIGNED: 5-29-67		
23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: REMOVAL FOR INTERMENT	24. DATE: 6-2-1967	25. NAME OF CEMETERY OR CREMATORY: PINEDALE	26. EMBALMER—SIGNATURE (IF BODY EMBALMED): ENOCH E. ANDERSON	LICENSE NUMBER: 1975
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): ERICKSON-ANDERSON MORTUARY	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: MAY 29 1967	29. LOCAL REGISTRAR—SIGNATURE: J. B. Askew M.D. [illegible]		

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Cerebral & Brain stem infarction	5-6 d.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO (B)	generalized arteriosclerosis	15 yrs
DUE TO (C)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Acute Peritonitis due to perforated diverticulum (colon)

31. OPERATION—CHECK ONE: [ ] NO OPERATION PERFORMED	[✓] OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	[/] OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	32. DATE OF OPERATION: 5-25-67	33. AUTOPSY—CHECK ONE: [ ] NO AUTOPSY PERFORMED; [✓] AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	[ ] AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH
34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34B. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30)				
35A. TIME OF INJURY: HOUR M. MONTH DAY YEAR					
35B. INJURY OCCURRED: [ ] WHILE AT WORK [ ] NOT WHILE AT WORK	35C. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)	35D. CITY, TOWN, OR LOCATION	COUNTY	STATE	

Rev 1-1-58 Form VS-11

This is to certify that, if bearing the Official Seal of the San Diego Department of Public Health, this is a true and correct copy of the original document filed.

J. B. Askew M.D. Director, San Diego Department of Public Health

Fee: $2.00

Date: MAY 31 1967