



# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 11/88)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>ZELDA</b>			2. MIDDLE <b>MILDRED</b>			3. LAST (FAMILY) <b>DICKENSON</b>																
	4. DATE OF BIRTH M M / D D / C C Y Y <b>04/05/1930</b>		5. AGE YRS. <b>66</b>		IF UNDER 1 YEAR MONTHS   DAYS		IF UNDER 24 HOURS HOURS   MINUTES		6. SEX <b>F</b>		7. DATE OF DEATH M M / D D / C C Y Y <b>02/11/1997</b>		8. HOUR <b>0150</b>										
	9. STATE OF BIRTH <b>CALIFORNIA</b>		10. SOCIAL SECURITY NO. <b>████████ 9002</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>10</b>													
	14. RACE <b>CAUCASIAN</b>			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>ABC TELEVISION</b>																
	17. OCCUPATION <b>PUBLIC RELATION</b>				18. KIND OF BUSINESS <b>TELEVISION</b>				19. YEARS IN OCCUPATION <b>20</b>														
<b>USUAL RESIDENCE</b>	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>10935 LULL ST.</b>																						
	21. CITY <b>SUN VALLEY</b>			22. COUNTY <b>LOS ANGELES</b>			23. ZIP CODE <b>91352</b>		24. YRS IN COUNTY <b>66</b>		25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>												
<b>INFORMANT</b>	26. NAME, RELATIONSHIP <b>JOHN DICKENSON - HUSBAND</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>10935 LULL ST. SUN VALLEY, CA 91352</b>																
	28. NAME OF SURVIVING SPOUSE—FIRST <b>JOHN</b>			29. MIDDLE <b>FRANK</b>			30. LAST (MAIDEN NAME) <b>DICKENSON</b>																
<b>SPOUSE AND PARENT INFORMATION</b>	31. NAME OF FATHER—FIRST <b>CECIL</b>			32. MIDDLE <b>RAYMOND</b>			33. LAST <b>BARNETT</b>			34. BIRTH STATE <b>KANSAS</b>													
	35. NAME OF MOTHER—FIRST <b>MILDRED</b>			36. MIDDLE <b>FRANCES</b>			37. LAST (MAIDEN) <b>KNOX</b>			38. BIRTH STATE <b>IOWA</b>													
	39. DATE M M / D D / C C Y Y <b>02/18/1997</b>		40. PLACE OF FINAL DISPOSITION <b>AT RESIDENCE OF JOHN DICKENSON 10935 LULL ST. SUN VALLEY, CA 91352</b>																				
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION(S) <b>CR/RES</b>				42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO. <b>-</b>														
	44. NAME OF FUNERAL DIRECTOR <b>PIERCE BROS. VALHALLA MORTUARY</b>				45. LICENSE NO. <b>F-916</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			47. DATE M M / D D / C C Y Y <b>02/14/1997</b>													
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>PACIFICA HOSPITAL</b>			102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER			104. COUNTY <b>LOS ANGELES</b>													
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>9449 SAN FERNANDO RD.</b>							106. CITY <b>SUN VALLEY</b>															
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>97-01121</b>													
	IMMEDIATE CAUSE (A) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>							UNK		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
	DUE TO (B)									110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
	DUE TO (C)									111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
	DUE TO (D)																						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>																							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>																							
<b>PHYSICIAN'S CERTIFICATION</b>	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M M / D D / C C Y Y				115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				116. LICENSE NO.		117. DATE M M / D D / C C Y Y												
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP																						
<b>CORONER'S USE ONLY</b>	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y		122. HOUR		123. PLACE OF INJURY												
	119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																		
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)																						
<b>STATE REGISTRAR</b>	126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Mary T. Macias</i>						127. DATE MM/DD/CCYY <b>02/14/1997</b>		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>MARY T. MACIAS/DEPUTY CORONER</b>														
	A						B		C		D		E		F		G		H		FAX AUTH. # <b>195/15536</b>		CENSUS TRACT

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**

IN OFFICIAL RECORDS OF  
**DOUGLAS CO., NEVADA**

'97 APR 21 AM 11:22

LINDA SLATER  
RECORDER

\$8.00 PAID *[Signature]* DEPUTY

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



FEB 18 1997

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*[Signature]*  
Director of Health Services and Registrar

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