

3458

I certify this to be a true and Correct copy of the record in this office.

Attest:

MAY 7 1973

Raymond E. Russell
COUNTY RECORDER
Solano County, California

CERTIFICATE OF DEATH

4800

417

280

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Walter	1b. MIDDLE NAME Charles	1c. LAST NAME Sunderman	2a. DATE OF DEATH—MONTH, DAY, YEAR April 13, 1973	2b. HOUR 12:30P M.
	3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	6. DATE OF BIRTH June 14, 1919	7. AGE (LAST BIRTHDAY) 53 YEARS
	8. NAME AND BIRTHPLACE OF FATHER Frederick Sunderman Arkansas		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Lydia Voerster Arkansas		
	10. CITIZEN OF WHAT COUNTRY USA	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
PLACE OF DEATH	14. LAST OCCUPATION Civil Service	15. NUMBER OF YEARS IN THIS OCCUPATION 25	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Travis Air Force Base	17. KIND OF INDUSTRY OR BUSINESS Heavy Equipment Operator	
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) Rt. 1, Box 230A Suisun		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No	
	18d. CITY OR TOWN Suisun	18e. COUNTY Solano	18f. LENGTH OF STAY IN COUNTY OF DEATH 18 YEARS	18g. LENGTH OF STAY IN CALIFORNIA 18 YEARS	
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Rt. 1, Box 230 A		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No	20. NAME AND MAILING ADDRESS OF INFORMANT Mrs. Marjorie Crowell	
	19c. CITY OR TOWN Suisun	19d. COUNTY Solano	19e. STATE California	823 Oregon St. Fairfield, California	
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (INVESTIGATION OR INQUEST)	21b. 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 TO AND I LAST SAW THE DECEASED ALIVE ON ENTER MONTH, DAY, YEAR ENTER MONTH, DAY, YEAR ENTER MONTH, DAY, YEAR	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE SAVATH	21d. DATE SIGNED 14 April 73	21e. ADDRESS G23674
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial	22b. DATE April 18, 1973	23. NAME OF CEMETERY OR CREMATORY Mena Cemetery Mena, Arkansas	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER William J. Broker 3981	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Beasley-Wood Funeral Home		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No	27. LOCAL REGISTRAR—SIGNATURE Shirley D. ...	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR 14 April 73
	CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) ANAPLASTIC SQUAMOUS CELL CARCINOMA MET. TO PERICARDIUM 5FIC DUE TO, OR AS A CONSEQUENCE OF (B) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (C)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I 802 OREGON ST			31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) NO	32. AUTOPSY (SPECIFY YES OR NO) NO	
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)				