

DECEASED		MERRILL WALKER DILBECK		IF DECEASED IS FEMALE, ENTER MARRIAGE LAST NAME		SEX MALE		DATE OF DEATH (Mo., Day, Year) JUNE 15, 1988	
WHITE		AMERICAN		DATE OF BIRTH (Mo., Day, Year) MAY 17, 1937		AGE (Mo., Day, Year) 51		COUNTY OF DEATH DEKALB	
CITY, TOWN OR LOCATION OF DEATH DECATUR		HOSPITAL OR OTHER INSTITUTION NAME (If not in DeKalb, give street and No.) VETERANS ADMINISTRATION MEDICAL CENTER		IF HOSPITAL OR INST. (Impress OCA, OPENER, Am. (Impress) (Impress))		INPATIENT			
STATE AND COUNTY OF BIRTH (If not in USA, name Country) GA: (FULTON)		CITIZEN OF WHAT COUNTRY? USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		SPOUSE (If married or widowed, give spouse's name and date of marriage) BARBARA BAGGETT		WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No) YES	
SOCIAL SECURITY NUMBER 259-48-2450		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSIC TEACHER-GUITAR		KIND OF INDUSTRY OR BUSINESS SELF EMPLOYED					
RESIDENCE - STATE GEORGIA		COUNTY GWINNETT		CITY, TOWN OR LOCATION LILBURN		STREET AND NUMBER 196 KING DAVID DRIVE		INSIDE CITY LIMIT (Yes or No) YES	
PARENTS		FATHER'S NAME THAD WALTER DILBECK		MOTHER'S MARRIAGE NAME MAE WALKER					
INFORMANT		INFORMANT'S NAME BARBARA DILBECK		MARITAL ADDRESS (Street, R.F.D. No., City or Town, State, Zip) 196 KING DAVID DR., LILBURN, GA. 30247		RELATIONSHIP WIFE			
DISPOSITION		BURIAL, CREMATION, REMOVAL (Specify) BURIAL		BURIAL DATE (Mo., Day, Year) 6-19-1988		CEMETERY OR CREMATORY NAME PROVIDENCE BAPTIST CHURCH		LOCATION (City or Town, State, Zip, County) CRABAPPLE, GA. (FULTON) 30201	
		FURNAL DIRECTOR (Signature) William H. Hand		FURNAL DIR. LICENSE NO. 2031		NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) R. T. PATTERSON FUNERAL HOMES 500 HARBIN ROAD LILBURN, GEORGIA 30247		EST. LICENSE NO. 957	
		BURIAL (Signature) William T. Fulp		BURIAL DIR. LICENSE NO. 3170					
PART I		IMMEDIATE CAUSE LACERATION LIVER, IATROGENIC, WITH ABDOMINAL HEMORRHAGE		Approximate interval between onset and death DAYS					
		METASTATIC ADENOCARCINOMA, LIVER		Approximate interval between onset and death MONTHS					
PART II		OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not referred to above given in Part I. (If female, indicate if pregnant or birth occurred within 30 days of death.) EMACIATION, GENERALIZED		AUTOPSY (Yes or No) YES		IF YES, WHAT FINDINGS CONSIDERED IN SETTING CAUSE OF DEATH? (Yes or No) YES			
		WAS OPERATION PERFORMED? YES		DATE OF OPERATION (Mo., Day, Year) JUNE 13, 1988		CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify) COMPUTED TOMOGRAPHY (CT) DIRECTED LIVER BI SUSPECTED METASTATIC CARCINOMA OF LIVER OR INFLAMMATORY			
		ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED NO ACCIDENT		DATE OF INJURY (Mo., Day, Year) June 13, 1988		HOUR OF DEATH UNK			
		INJURY AT WORK? (Yes or No) NO		PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.) (Specify) V. A. HOSPITAL		ADDRESS OF DEATH (Street, R.F.D. No., City or Town, State, Zip) 1670 CLAIRMONT RD. Decatur, GA. Dekalb			
CERTIFIER		To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) William C. Burton, MD		DATE SIGNED (Mo., Day, Year) JUNE 22, 1988		HOUR OF DEATH 8:05 AM			
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Joseph C. Burton MD ME		ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) 4485-A Memorial Dr. Decatur, GA 30032		DATE OF CERTIFICATION (Mo., Day, Year) June 30, 1988		HOUR OF CERTIFICATION 8:05 AM	
REGISTERED		REGISTERED (Signature) Deborah Anderson		DATE RECEIVED JUN 22 1988					

"CERTIFICATE OF RECORD"

This is an exact copy of the death certificate received for filing in DeKalb County".

COPY

County Custodian

Issued By Deborah Anderson Date 7/10/88

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