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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3801 5479

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Asa	Delbert	Ash	July 14, 1966	7:00 P.M.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	Cauc.	California	Feb. 26, 1888	78 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
Albert Ash - Illinois	Ella Van Wurmer - Kansas	U.S.A.	700-12-4109

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE)	15. KIND OF INDUSTRY OR BUSINESS
Conductor	33	Southern Pacific Co.	Railroad

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
World War I	Married	Annetta Ash	Homemaker

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
Southern Pacific Mem'l Hospital	1400 Fell Street ☒ INSIDE CITY CORPORATE LIMITS ☐ OUTSIDE CITY CORPORATE LIMITS	35 days YEARS	35 days YEARS
19c. CITY OR TOWN: San Francisco	19d. COUNTY: San Francisco		

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	20b. IF INSIDE CITY CORPORATE LIMITS, CHECK HERE ☒ / IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
915 Walnut Street		
20c. CITY OR TOWN: Klamath Falls	20d. COUNTY: Klamath	20e. STATE: Oregon
		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)

PHYSICIAN'S OR CORONER'S CERTIFICATION

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 6/8/66 TO 7/14/66 AND THAT I LAST SAW THE DECEASED ALIVE ON 7/14/66

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

22c. PHYSICIAN OR CORONER—SIGNATURE — DEGREE OR TITLE

22d. ADDRESS: 1400 Fell Street

22e. DATE SIGNED: 7-11-66

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE IF BODY EMBALMED—LICENSE NUMBER
Removal	Jul 16,66	Eternal Hills Memorial	[signature] 4153

27. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Chapel of the Valley

28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: 7-11-66

29. LOCAL REGISTRAR—SIGNATURE: [signature] D.D.S. M.D.

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Acute Chronic Upper Gastro Intestinal Hemorrhage

CONDITIONS IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

DUE TO (B): Chronic Duodenal Ulcer

DUE TO (C): Carcinoma of rt lung with metastases

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): 4

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE	32. DATE OF OPERATION	33. AUTOPSY—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	7/1/66	☐ 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

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34b. DESCRIBE HOW INJURY OCCURRED (GIVE DESCRIPTIVE DETAILS 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, ETC.)

35d. CITY, TOWN, OR LOCATION — COUNTY — STATE

Rev 1-1-58 Form VS-11

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 27214

DATED: AUG. 5, 1966

SAN FRANCISCO, CALIFORNIA

Ellis D. Sox

ELLIS D. SOX, M.D.
DIRECTOR OF PUBLIC HEALTH AND
LOCAL REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:

on this 11th day of August A.D. 1966

at 11:30 o'clock A M. and duly recorded in Vol. M-66 of Deeds

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DOROTHY R. GERS, County Clerk

Fee $1.50 pd

By Dolores Savio Deputy.