49966

VOL. M PAGE 2435 800 4

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Esther
1b. MIDDLE NAME: Myrtle
1c. LAST NAME: Cox
2a. DATE OF DEATH—MONTH DAY YEAR: January 12, 1968
2b. HOUR: 7:00 A.M.
3. SEX: Female
4. COLOR OR RACE: Caucasian
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Colorado
6. DATE OF BIRTH: Jan. 2, 1903
7. AGE (LAST BIRTHDAY): 65 YEARS
8. NAME AND BIRTHPLACE OF FATHER: William C. Griffith, Arkansas
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Myrtle Roberts, (Birthplace Unknown)
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 560 50 2994-B
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Charles E. Cox
14. LAST OCCUPATION: Housewife
15. NUMBER OF YEARS IN THIS OCCUPATION: — — —
16. NAME OF LAST EMPLOYING COMPANY OR FIRM: At Home
17. KIND OF INDUSTRY OR BUSINESS: At Home

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: Seaside Hospital
18b. STREET ADDRESS—STREET AND NUMBER, OR LOCATION: 100 A Street
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. COUNTY: Del Norte
18e. LENGTH OF STAY IN COUNTY OF DEATH: 1 Week YEARS
18f. LENGTH OF STAY IN CALIFORNIA: 40 YEARS
18g. CITY OR TOWN: Crescent City

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): Rt 1 Box 46A
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
19c. COUNTY: Siskiyou
19d. CITY OR TOWN: Tulelake
19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Joe C. Cox, 3424 E. Univ., Mesa, Ariz.

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER
21b. PHYSICIAN
21c. TYPED NAME OF PHYSICIAN: G. Kasper MD
21d. DATE SIGNED: 1-12-68
21e. ADDRESS: Crescent City, Calif.
21f. LICENSE NUMBER: 18164
22a. DATE OF DEATH: 1-5-68
22b. DATE OF ATTENDANCE: 1-12-68
22c. DATE LAST SAW ALIVE: 1-12-68
22d. CAUSE OF DEATH: no

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22f. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22g. DATE: 1/15/68
23. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Taylor's Mortuary and O'Hair's Memorial Chapel
24. NAME OF CEMETERY OR CREMATORY: KLAMATH MEMORIAL PARK, KLAMATH FALLS, OREGON
25. SIGNATURE OF FUNERAL DIRECTOR: Arthur C. Taylor Jr. 4502
26. LICENSE NUMBER OF FUNERAL DIRECTOR
27. LOCAL REGISTRAR—SIGNATURE: Monona M. Stillman Deputy
28. DATE RECEIVED BY LOCAL REGISTRAR: Jan. 13 1968

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C): IMMEDIATE CAUSE: Acute myocardial infarction
(A)
DUE TO OR AS A CONSEQUENCE OF
(B)
DUE TO OR AS A CONSEQUENCE OF
(C)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
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.
31. WAS OPERATION DONE FOR CONDITION LISTED IN PART I OR PART II? (SPECIFY YES OR NO): No
32a. AUTOPSY? (YES OR NO): No
32b. IF YES, WERE FINDINGS CONSIDERED IN ESTABLISHING CAUSE OF DEATH? (SPECIFY YES OR NO)

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION, CITY OR TOWN)
35. INJURY AT WORK (SPECIFY YES OR NO)
36a. DATE OF INJURY—MONTH DAY YEAR
36b. HOUR
37a. DATE OF ARRIVAL AT PLACE OF INJURY (IF IN TRANSPORTATION ACCIDENT)
38. WAS COMMITTED TO PRISON OR OTHER PENAL INSTITUTION? (SPECIFY YES OR NO)
39. DID DEATH OCCUR IN PENAL INSTITUTION? (SPECIFY YES OR NO)
40. DESCRIBE HOW INJURY OCCURRED (GIVE NUMBER OF STATE FIRE MARSHAL'S REPORT IF FIRE OCCURRED, AND NAME OF FIRE DEPARTMENT IF ANY SUMMONED OR ESTIMATE OF LOSS)

STATE REGISTRAR

A. B. C. D. E. F.

THIS IS TO CERTIFY THAT THE WITHIN IS A TRUE AND CORRECT COPY OF THE VITAL RECORD WHICH IS ON FILE IN THIS OFFICE.

JACQUELINE CHILDS, DEL NORTE COUNTY RECORDER

By Dorothy Stone Deputy

Dated April 19, 1984 Crescent City, California

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. Dan S. Crawford

this 24th day of March A. D., 1971 at 3:47 o'clock P M., and duly recorded in Vol. M 71, of Deeds on Page 2435

WM. D. MILNE, County Clerk

Fee $1.50 15 By Alice C. Luger