

62224
 29
 Local File Number
 CERTIFICATE OF DEATH
 State File Number
 DECEASED-NAME
 First LETHA Middle LUELLA Last FULLEN
 DATE OF DEATH (month, day, year)
 February 4, 1972
 RACE White, Negro, American Indian, etc. (specify)
 White
 SEX Female
 AGE-Last birthday (years)
 88
 Under 1 year Under 1 day
 mos. days hours min.
 5b. 5c.
 DATE OF BIRTH (month, day, year)
 November 1, 1903
 COUNTY OF DEATH
 7a. Lincoln
 7b. Newport
 7c. Yes
 7d. DOA Pacific Communities
 STATE OF BIRTH (if not in U.S.A., name country)
 8. Kansas
 CITIZEN OF WHAT COUNTRY
 9. U.S.A.
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
 10. Married
 NAME OF SPOUSE
 11. Ernest W.
 SOCIAL SECURITY NUMBER
 12. 513-24-8640
 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
 13a. Housewife
 13b. Home
 KIND OF BUSINESS OR INDUSTRY
 14. P.O. Box 376
 RESIDENCE-STATE
 14a. Oregon
 COUNTY
 14b. Lincoln
 CITY, TOWN, OR LOCATION
 14c. Yachats
 14d. Yes
 FATHER-NAME first middle last
 15. Edward Goodrow
 MOTHER-NAME first middle last
 16. Alvina Hisey
 INFORMANT-NAME and relationship to deceased
 17. Ernest W. Fullen - spouse
 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
 18. Immediate cause
 (a) Cardiac Arrest
 due to, or as a consequence of:
 (b) Severe Angina - Cardiomegaly -
 due to, or as a consequence of:
 (c) Coronary Artery Disease - & Angina
 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
 approximate interval between onset and death
 Immediate
 Dec 12-71
 Sep 3, 1970
 PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
 19a. NO
 19b. IF YES were findings considered in determining cause of death
 ACCIDENT (specify yes or no)
 20a. No
 DATE OF INJURY (month, day, year)
 20b. No
 HOUR
 20c. No
 HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
 20d. No
 INJURY AT WORK (specify yes or no)
 20e. No
 PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
 20f. No
 LOCATION (street or R.F.D. No., city or town, county, state)
 20g. No
 CERTIFICATION-Physician: I attended the deceased from
 21. Sep 30 1970 to Dec 10 1971
 And last saw him/her alive on: month day year
 Dec 10 - 71
 I did/Did Not view the body after death (specify)
 Approx. best of my knowledge, due to the cause(s) stated.
 DEATH OCCURRED at the place, on the date, and, to the degree of Title
 22. Approx. 7:20 P.M.
 DATE SIGNED (month, day, year)
 22c. 2-8-72
 PHYSICIAN-SIGNATURE
 22a. Dr. Marion Follis Mayo MD
 NAME (type or print)
 22b. MARION FOLLIS MAYO MD
 degree or Title
 22c. 2-8-72
 MAILING ADDRESS-PHYSICIAN
 23. Box 430 Yachats, Oregon
 street city or town state zip
 97394
 BURIAL, CREMATION, REMOVAL, MAUS. (specify)
 24a. Burial
 CEMETERY OR CREMATORY-NAME
 24b. Eternal Hills Mem. Gardens
 LOCATION city or town state
 24c. Klamath Falls, Ore.
 DATE (mo., day, year)
 24d. 2-8-1972
 FUNERAL DIRECTOR-SIGNATURE
 25a. Phillip S. Bateman
 FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)
 25b. Bateman Funeral Chapels Newport, Oregon 97365
 REGISTRAR-SIGNATURE
 26a. Florence Britton
 DATE RECEIVED BY LOCAL REGISTRAR
 26b. 2-10-72
 DATE RECEIVED BY STATE REGISTRAR
 27. FEB 14 1972
 28. RESERVED FOR REGISTRAR'S USE
 VS-2 R-69

STATE OF OREGON
 County of Multnomah
 DATE ISSUED Mar. 14, 1972
 I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.
 STATE REGISTRAR
 VS-112 Rev. 7-71
 SP-67315-333

STATE OF OREGON, COUNTY OF KLAMATH: ss.
 Filed for record at request of P. K. Puckett, Atty.
 this 17th day of March A.D., 1972 at 11:22 o'clock A.M., and duly recorded in
 Vol. M72 of Deeds on Page 2890
 Fee \$2.00
 WM. D. MILNE, County Clerk
 By *William D. Milne*