STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office

OCTOBER 26, 1973

72-163713 **CERTIFICATE OF DEATH** 4500 771

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

- 1a. Name of deceased—first name: LeRoy
- 1b. Middle name: Logan
- 1c. Last name: Ashcraft
- 2a. Date of death: December 30, 1972
- 2b. Hour: DOA 11:55A.
- 3. Sex: Male
- 4. Color or race: Caucasian
- 5. Birthplace: Kansas
- 6. Date of birth: July 1, 1895
- 7. Age: 77 years
- 8. Name and birthplace of father: Perry L. Ashcraft- N.Y.
- 9. Maiden name and birthplace of mother: Melissa Woodward- Ill.
- 10. Citizen of what country: U. S. A.
- 11. Social security number: 541-09-8071
- 12. Married, never married, widowed, divorced: Married
- 13. Name of surviving spouse: Myrtle Bigelow-
- 14. Last occupation: Retired
- 15. Number of years in this occupation: A
- 17. Kind of industry or business: Lumber
- 18a. Place of death—name of hospital: Memorial Hospital
- 18b. Street address: Butte at East Streets
- 18c. Inside city corporate limits: Yes
- 18d. City or town: Redding
- 18e. County: Shasta
- 18f. Length of stay in county of death: 4 years
- 18g. Length of stay in California: 4 years
- 19a. Usual residence—street address: 3124 Lawrence Road
- 19b. Inside city corporate limits: No
- 19c. City or town: Redding
- 19d. County: Shasta
- 19e. State: California
- 20. Name and mailing address of informant: Myrtle Ashcraft-widow, 3124 Lawrence Road, Redding, Ca. 96001
- 21a. Coroner: Investigation
- 21c. Physician or coroner: Coroner
- 21d. Date signed: 1/2/73
- 21e. Address: P.O. Box 506, Redding
- 22a. Specify burial, entombment or cremation: Burial
- 22b. Date: 1/4/73
- 23. Name of cemetery or crematory: Lawncrest Memorial Park
- 24. Embalmer—license number: 3115
- 25. Name of funeral director: Lawncrest Funeral Service
- 28. Date accepted for registration by local registrar: JAN 2 1973
- 29. Part I. Death was caused by:
  - Immediate cause (A): Circulatory Failure
  - Due to, or as a consequence of (B): Right Coronary Artery Thrombosis
  - Due to, or as a consequence of (C): Coronary Artery Sclerosis
- 30. Part II. Other significant conditions: Cystic infarction left internal capsule
- 31: No
- 32a: Yes
- 32b: Yes

A: 6 B: X C: 1 E: 4

Ret Robert Thomas

83636

NOV 5 4 32 PM 1973

STATE OF OREGON; COUNTY OF KLAMATH; ss. Vol. M73 Page 14785

Filed for record at request of Robert Thomas

this 5th day of Nov. A. D., 1973 at 4:32 o'clock P M., and duly recorded in

Vol. M73, of Deeds on Page 14785

WM. D. MILNE, County Clerk

By Lucia Aaitala

Fee $2.00