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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3000 04951

1a. Name of deceased—first name	NELLIE
1b. Middle name	MAE
1c. Last name	CLIFT
2a. Date of death—month, day, year	July 12, 1974
2b. Hour	9:35 P.M.
3. Sex	Female
4. Color or race	Cauc
5. Birthplace (state or foreign country)	Illinois
6. Date of birth	February 5, 1916
7. Age (last birthday)	58 years
If under 1 year / If under 24 hours	
8. Name and birthplace of father	Thomas J. Banks — Unknown
9. Maiden name and birthplace of mother	Orpha Rose — Unknown
10. Citizen of what country	U.S.A.
11. Social security number	479-12-0837
12. Married, never married, widowed, divorced (specify)	Married
13. Name of surviving spouse (if wife, enter maiden name)	Elbert B. Clift
14. Last occupation	Laundry Lady
15. Number of years in this occupation	7
16. Name of last employing company or firm (if self employed so state)	Singing Springs Convalescent Hospital
17. Kind of industry or business	Convalescent Hospital
18a. Place of death—name of hospital or other in-patient facility	Palm Harbor General Hospital
18b. Street address—(street and number, or location)	12601 Garden Grove Boulevard
18c. Inside city corporate limits (specify yes or no)	Yes
18d. City or town	Garden Grove
18e. County	Orange
18f. Length of stay in county of death	10 years
18g. Length of stay in California	10 years
19a. Usual residence—street address (street and number or location)	1517 Newhope St, Space 26
19b. Inside city corporate limits (specify yes or no)	YES
19c. City or town	Santa Ana
19d. County	Orange
19e. State	California
20. Name and mailing address of informant	Elbert B. Clift, 1517 Newhope St Space 26, Santa Ana, California
21a. 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 on the remains of deceased as required by law (investigation or inquest)	
21b. 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 / to / and last saw the (enter month, day, year)	8-14-73 / 7-12-74 / 7-12-74
21c. Physician or coroner—signature and degree or title	[signature] M.D.
21d. Date signed	7-15-74
21e. Address	12842 Pinal Garden Grove
21f. Physician's California license number	C18177
22a. Specify burial, entombment or cremation	Burial
22b. Date	Shipped July 16, 1974
23. Name of cemetery or crematory	Chapel Hills Memorial Gardens—Englewood, Colorado
24. Embalmer—signature (if body embalmed) license number	[signature]
25. Name of funeral director (or person acting as such)	PEEK FAMILY COLONIAL FH, Westminster, California
26. If not certified by coroner was this death reported to coroner? (specify yes or no)	No
27. Local registrar—signature	John R. Philp, M.D.
28. Date received for registration by local registrar	JUL 15 1974

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

		Approximate interval between onset and death
Immediate cause (A)	CARCINOMATOSIS	
Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last. Due to, or as a consequence of (B)	MUCOID ADENOCARCINOMA OF COLON	
Due to, or as a consequence of (C)		

30. PART II: Other significant conditions—contributing to death but not related to the immediate cause given in Part I	
31. Was operation or biopsy performed for any condition in items 29 or 30? (specify operation and/or biopsy)	Biopsy 9-20-73
32a. Autopsy (specify yes or no)	No
32b. If yes, were findings considered in determining cause of death? (specify yes or no)	
33. Specify accident, suicide or homicide	
34. Place of injury (specify home, farm, factory, street, office building, etc.)	
35. Injury at work (specify yes or no)	
36a. Date of injury—month, day, year	
36b. Hour	M
37a. Place of injury (street and number or location and city or town)	
37b. Distance from place of injury to usual residence (item 19)	miles
38. Were laboratory tests done for drugs or toxic chemicals? (specify yes or no)	
39. Were laboratory tests done for alcohol? (specify yes or no)	
40. Describe how injury occurred (enter sequence of events which resulted in injury; nature of injury should be entered in item 29)	

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

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

John R. Philp, M.D.
JOHN R. PHILP, M.D.,
Health Officer and Local Registrar of Births and Deaths of Orange County

Fee: $2.00 ☑ No Fee Government Purposes ☐
Date: JUL 16 1974
Santa Ana, California

STATE OF OREGON; COUNTY OF KLAMATH; ss. ret: Elbert B. Clift, 1517 Newhope, Santa Ana California 92703

Filed for record at request of ELBERT B. CLIFT

this 12th day of AUGUST A.D., 19 74 at 12:06 o'clock P.M., and duly recorded in

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FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Dragie Deputy