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This is to Certify that, if bearing the Official Seal of the County of San Diego Department of Public Health, this is a true and correct copy of the original document filed.

FEE PAID: $2.00

DATED: MAR 8 1977

John R. Phillips MD Director

COUNTY OF SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 Pacific Hwy., San Diego, CA 92101

30410

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER 8009

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 11756

1a. NAME OF DECEASED—FIRST NAME: Sara | 1b. MIDDLE NAME: Elizabeth | 1c. LAST NAME: MILLER

3. SEX: Female | 4. COLOR OR RACE: Caucasian | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York | 6. DATE OF BIRTH: April 6, 1903

7. AGE (LAST BIRTHDAY): 73 YEARS | IF UNDER 1 YEAR: MOS. DAYS | IF UNDER 24 HOURS: MIN. HRS. | 8. HOME AND BIRTHPLACE OF FATHER: Norman Jobson - Georgia | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unknown, Tenn.

10. CITIZEN OF WHAT COUNTRY: U. S. A. | 11. SOCIAL SECURITY NUMBER: 556 10 4031 | 12. MARRIED, NEVER MARRIED, DIVORCED (SPECIFY), WIDOWED: Married | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): William G. Miller

14. LAST OCCUPATION: Secretary | 15. NUMBER OF YEARS IN THIS OCCUPATION: 7 | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM: University Southern Ca. | 17. KIND OF INDUSTRY OR BUSINESS: Education

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: Veterans Administration Hospital | 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 3350 La Jolla Village Drive | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

18d. CITY OR TOWN: San Diego | 18e. COUNTY: San Diego | 18f. LENGTH OF STAY IN COUNTY OF DEATH: 5 months | 18g. LENGTH OF STAY IN CALIFORNIA: 40 YEARS

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3310 Cowley Way, Apt. 2 | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

19c. CITY OR TOWN: San Diego | 19d. COUNTY: San Diego | 19e. STATE: California | 20. NAME AND MAILING ADDRESS OF INFORMANT: William G. Miller 3310 Cowley Way, Apt. 2 San Diego, CA 92117

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND THAT I HAVE INVESTIGATED THE CAUSES STATED BELOW AND THAT THEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | 21b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. | 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Juan Mir MD

INVESTIGATION NO. | 22a. DATE SIGNED: 12/30/76 | 21d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C-33546 | 21e. ADDRESS: 3350 La Jolla Village Dr. San Diego, CA 92161

22. SPECIFY BURIAL, CREMATION OR REMOVAL: Cremation scatter at sea 1-3-77 | 22b. DATE: 12/22/76 | 23. NAME OF CEMETERY OR CREMATORY: La Vista Memorial Park | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED): not embalmed | 24a. LICENSE NUMBER: E-1257

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): The Neptune Society | 26. IF NOT CLINTER IN CEMETERY OR CREMATORY, THEN DISPOSITION (SPECIFY YES OR NO): No | 27. LOCAL REGISTRAR—SIGNATURE: John R. Phillips MD

28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: DEC 31 1976

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

IMMEDIATE CAUSE (A) Gastrointestinal bleeding

DUE TO, OR AS A CONSEQUENCE OF (B) Ovarian cancer with metastases

DUE TO, OR AS A CONSEQUENCE OF (C)

THE UNDERLYING CAUSE LAST.

30. PART II. OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

	31. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32. AUTOPSY (SPECIFY YES OR NO)	32a. FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (SPECIFY YES OR NO)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A.	Operation	Yes		
B.				
C.				
D.				

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) | 35. INJURY AT WORK (SPECIFY YES OR NO)

36a. DATE OF INJURY—MONTH, DAY, YEAR | 36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 37b. DISTANCE FROM PLACE OF RESIDENCE, IF IN MILES

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO) | 39. DATE LABORATORY TESTS COMPLETED (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)

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of JUNE A.D., 19 77 at 10;07 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 9560.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Deputy