33335

'77 AUG 1 PM 4 16

Vol. M77 Page 13753

CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER: 3801 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3909

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: FLORENCE
1b. MIDDLE NAME: FUNSTEN
1c. LAST NAME: TRAVERS
2a. DATE OF DEATH—MONTH DAY YEAR: June 8, 1976
2b. HOUR: 7:30 p
3. SEX: Female
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
6. DATE OF BIRTH: January 17, 1921
7. AGE (LAST BIRTHDAY): 55 YEARS
IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HOURS: HOURS MINUTES
8. NAME AND BIRTHPLACE OF FATHER: James J. Funsten - Missouri
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Florence Wendling - Kansas
10. CITIZEN OF WHAT COUNTRY: USA
11. SOCIAL SECURITY NUMBER: 555-28-4147
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): ----------
14. LAST OCCUPATION: Housewife
15. NUMBER OF YEARS IN THIS OCCUPATION: -------
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): ----------
17. KIND OF INDUSTRY OR BUSINESS: At Home

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Children's Hospital
18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 3700 California Street
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. CITY OR TOWN: San Francisco
18e. COUNTY: San Francisco
18f. LENGTH OF STAY IN COUNTY OF DEATH: Life YEARS
18g. LENGTH OF STAY IN CALIFORNIA: Life YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2677 Larkin Street
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
20. NAME AND MAILING ADDRESS OF INFORMANT: Patricia F. Costello-Sister, 2838 Green Street, San Francisco, CA
19c. CITY OR TOWN: San Francisco
19d. COUNTY: San Francisco
19e. STATE: California

PHYSICIAN'S OR CORONER'S CERTIFICATION

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 ON 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 (ENTER MONTH DAY YEAR) 9/9/71 TO (ENTER MONTH DAY YEAR) 6/8/76 AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH DAY YEAR) 6/9/76
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: John C. Henderson M.D.
21d. DATE SIGNED: 6/9/76
21e. ADDRESS: Dr. Henderson, 2000 Vanness Ave, SF, CA
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: 21515

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Cremation
22b. DATE: 6/11/76
23. NAME OF CEMETERY OR CREMATORY: Cypress Lawn Cem, Colma, CA
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Norbert F. Castaneda lic 341
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): N. Gray & Co.
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): yes
27. LOCAL REGISTRAR—SIGNATURE: Francis J. Curry, M.D.
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: 6-9-76

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.
IMMEDIATE CAUSE (A): Bronchiogenic carcinoma with carcinomatosis of lung — 8 months
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B):
DUE TO, OR AS A CONSEQUENCE OF (C):
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: Bronchopneumonia
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): Biopsy
32a. AUTOPSY (SPECIFY YES OR NO): yes
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): no

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET):
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 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)

STATE REGISTRAR

A. | B. | C. | D. 01 | E. 102 | F. 1621 C11

S 11 (8/72)

MEDICAL AND HEALTH DATA

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

RECEIPT NO: 76- 47219-76
CERTIFICATION NO: 76-

DATED: JUL 2, 1976

SAN FRANCISCO, CALIFORNIA

Francis J. Curry, M.D.

FRANCIS J. CURRY, M.D.
DIRECTOR OF PUBLIC HEALTH
AND LOCAL REGISTRAR

Bank of Calif
100 California
PO Box 45000
San Francisco
94145-Cap

(52) 3908-3642-400

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of AUGUST A.D., 19 77 at 4:16 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 13753.

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy

FEE $ 3.00