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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

State File Number

Local Registration District and Certificate Number: 3801 0408

DECEDENT PERSONAL DATA

1a. Name of Deceased—First: FLORENCE	1b. Middle Name: WENDLING	1c. Last Name: FUNSTEN	2a. Date of Death—Month, Day, Year: January 21, 1975
2b. Hour: 8:43 A.M.	3. Sex: Female	4. Color or Race: White	5. Birthplace (State or Foreign Country): Kansas
6. Date of Birth: July 29, 1888	7. Age (Last Birthday): 86 Years	If under 1 year:	If under 24 hours:
8. Name and Birthplace of Father: George Wendling - New York	9. Maiden Name and Birthplace of Mother: Inez Cross - Ohio	10. Citizen of What Country: U.S.A.	11. Social Security Number: 551 64 7342
12. Married, Never Married, Widowed, Divorced (Specify): Widowed	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:	18b. Street Address—(Street and Number, or Location): 1090 Chestnut St., #3	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: 85 Years
18g. Length of Stay in California: 85 Years		

USUAL RESIDENCE (If death occurred in institution, enter residence before admission)

19a. Usual Residence—Street Address (Street and Number or Location): 1090 Chestnut Street, #3	19b. Inside City Corporate Limits (Specify Yes or No): Yes	19c. City or Town: San Francisco
19d. County: San Francisco	19e. State: California	20. Name and Mailing Address of Informant: Mrs. Patricia Funsten Costello, 2838 Green St., San Francisco, Calif. (Daughter)

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 an 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 1950 to 1/20/75 and last saw the deceased alive on 1/20/75

21c. Physician or Coroner—Signature and Degree or Title: R. Palmer MD

21d. Date Signed: 1/21/75

21e. Address: Dr. Richard Palmer, 3838 Calif. St., SF

21f. Physician's California License Number: G1552

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Specify Burial, Entombment or Cremation: Cremation	22b. Date: 1-22-1975	23. Name of Cemetery or Crematory: Cypress Lawn, Colma, CA
24. Embalmer—Signature (If body embalmed) License Number: [signature] 5417	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): No
27. Local Registrar—Signature: Francis J. Curry, M.D.	28. Date Accepted for Registration by Local Registrar: JAN 21 1975	

CAUSE OF DEATH

29. Part I. Death was caused by: (Enter only one cause per line for A, B, and C)

Immediate Cause (A) Generalized Arteriosclerosis — Approximate interval between onset and death: 15 yrs

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)

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 yes or no): No

32a. Autopsy (Specify yes or no): No

32b. If yes were findings considered in determining cause of death? (Specify yes or no)

INJURY INFORMATION

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)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
				102	2209

REV. 7-1-73 FORM VS-11

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.

NO. 16079

DATED: Feb 20, 1975

SAN FRANCISCO, CALIFORNIA

Francis J. Curry, M.D.

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

death certificate Doc. #5-7837

(53) 3908-3642-400

Bank of Cal
0147 4500
San Francisco
Cal 94145

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 4:17 o'clock P M., and duly recorded in Vol M77 of DEEDS on Page 13754.

WM. D. MILNE, County Clerk

FEE $3.00

By Hazel Drazil Deputy