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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 7601

Primary Reg. Dist. No. 7601

State File No.

Registrar's No. 1313

DECEASED—NAME First Middle Last SEX DATE OF DEATH (Month, Day, Year)

1. JOHN W. MARSHALL 2. MALE 3. AUGUST 13, 1976

4. WHITE 5a. 67 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 6. MAY 2, 1909 7a. STARK

7b. CANTON 7c. YES 7d. TIMKEN - MERCY HOSPITAL 7e. INSIDE CITY LIMITS

8. OHIO 9. USA 10. MARRIED 11. LUCILLE CHOLLY

12a. 279-05-6968 A 12b. NO 12c. NO

13a. MORTICIAN 13b. FUNERAL

14a. CALIF. 14b. SAN LUIS OBISPO 14c. GROVER CITY 14d. YES 14e. 1239 LONGBRANCH AVE

15. CLYDE MARSHALL 16. HAZEL BOUGHMAN

17a. LUCILLE MARSHALL 17b. 1239 LONGBRANCH AVE., GROVER CITY, CA. 94733

18. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

18a. ACUTE CORONARY THROMBOSIS

18b. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

18c. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)

19a. NO 19b. NO

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify) 20b. DATE OF INJURY (Month, Day, Year) 20c. HOUR 20d. HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)

21a. INJURY AT WORK (Specify yes or no) 21b. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify)) 21c. LOCATION (Street or R.F.D. no., city or village, state, zip)

22a. CERTIFICATION—Month Day Year Month Day Year 22b. AND LAST SAW HIM/HER ALIVE ON Month Day Year 22c. I DID/DID NOT VIEW THE BODY AFTER DEATH 22d. DEATH OCCURRED (HOUR) 22e. At the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

23a. G. S. SHAHEEN, M. D. 23b. Signature 23c. DATE SIGNED 23d. AUGUST 13, 1976

24a. STARK COUNTY CORONER 24b. 306 12TH STREET N. W. 24c. CANTON 24d. OHIO 24e. 44703

25a. BURIAL 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, village, or county) (State)

26a. BURIAL 26b. 8/18/76 26c. ARROYO GRANDE 26d. ARROYO GRANDE, CALIFORNIA

27a. NAME OF EMBALMER (LIC. NO.) 27b. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) 27c. DATE 27d. STATE 27e. ZIP

28a. DONALD E. ISRAEL, II 28b. 6576A 28c. Signature 28d. DATE 28e. STATE 28f. ZIP

29a. STIER - ISRAEL 29b. 917 E. MAIN ST. 29c. LOUISVILLE, OHIO 29d. 44604

30a. DATE REC'D BY LOCAL REG. 30b. REGISTRAR'S SIGNATURE 30c. DATE PERMIT ISSUED 30d. SIGNATURE OF PERSON ISSUING PERMIT 30e. DIST. NO.

31a. 8/18/76 31b. Signature 31c. DATE 31d. STATE 31e. ZIP

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of SEPTEMBER A.D., 1977 at 12:35 o'clock P M., and duly recorded in Vol. M77, of DEEDS on Page 18314.

Clifford H. Clark
Attorney At Law
P. O. Box 406
Grover City, CA 93433

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Harold D. Dwyer Deputy

Frederick
P.O.
Tus
Haris
Star
Chilo
Haris
Star
Chilo
U.S. Bank
P.O. Box
Port