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CERTIFICATE OF DEATH

3000 08823

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

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

Field	Entry
1a. Name of Deceased—First Name	Lela
1b. Middle Name	Mae
1c. Last Name	Ray
2a. Date of Death	November 21, 1976
2b. Hour	8:44 P.M.
3. Sex	Female
4. Color or Race	Cauc.
5. Birthplace	Kansas
6. Date of Birth	2/2/ 1911
7. Age	65 years
8. Name and Birthplace of Father	Logan Winfrey - Missouri
9. Maiden Name and Birthplace of Mother	Zelia Karr - Missouri
10. Citizen of What Country	U.S.A.
11. Social Security Number	512-05-0803
12. Married, Never Married, Widowed, Divorced	Married
13. Name of Surviving Spouse	Earl Ray
14. Last Occupation	Domestic
15. Number of Years in This Occupation	10
16. Name of Last Employing Company or Firm	Self
17. Kind of Industry or Business	House Cleaning
18a. Place of Death—Name of Hospital or Other In-Patient Facility	Palm Harbor General Hospital
18b. Street Address	12601 Garden Grove Blvd.
18c. Inside City Corporate Limits	Yes
18d. City or Town	Garden Grove
18e. County	Orange
18f. Length of Stay in County of Death	18 years
18g. Length of Stay in California	18 years
19a. Usual Residence—Street Address	9932 Lenore Drive
19b. Inside City Corporate Limits	Yes
19c. City or Town	Garden Grove
19d. County	Orange
19e. State	California
20. Name and Mailing Address of Informant	Earl Ray, 9932 Lenore Drive, Garden Grove, Calif.
21b. Physician — Attended From / To / Last Seen Alive	8/13/71 / 11/21/76 / 11/21/76
21c. Physician or Coroner—Signature and Degree or Title	[signature]
21d. Date Signed	11/23/76
21e. Address	12302 Garden Grove Bd. Garden Grove, California
21f. Physician's License Number	A-21030
22a. Specify Burial, Entombment or Cremation	Burial
22b. Date	11/24/76
23. Name of Cemetery or Crematory	Fairhaven Memorial Park
24. Embalmer—Signature / License Number	[signature] 4798
25. Name of Funeral Director	Smith Tuthill Lamb Mortuary
26. If Not Certified by Coroner, Was This Death Reported to Coroner	No
27. Local Registrar—Signature	[signature]
28. Date Accepted for Registration by Local Registrar	NOV 23 1976

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

	Cause	Approximate Interval Between Onset and Death
(A) Immediate Cause	Cardiac arrhythmia & arrest	[illegible]
(B) Due to, or as a consequence of	Chronic coronary arterial insufficiency	yrs.
(C) Due to, or as a consequence of	Arteriosclerotic heart disease - Chronic congestive heart failure	yrs.

Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last.

30. PART II. Other significant conditions contributing to death but not related to the immediate cause given in Part I: Diabetes mellitus

31. Was operation or biopsy performed: No

32. Autopsy: No

33. Specify accident, suicide or homicide — 34. Place of injury — 35. Injury at work — 36a. Date of injury — 36b. Hour — 37a. Place of injury — 37b. Distance from place of injury to usual residence — 38. Were laboratory tests done for drugs or toxic chemicals — 39. Were laboratory tests done for alcohol — 40. Describe how injury occurred: A. B. C. D. E. F.

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

Fee: $2.00 ☐ No Fee Government Purposes ☐
Date: NOV 24 1976
Santa Ana, California

[signature]
J. R. ELPERS, M.D.
Health Officer

After Recording return to:
Pagter, Gillette & Bowne
ATTN Ralph G. Pagter
2130 E 4th St. Suite 220
Santa Ana CA 92705

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record XXXXXXXXX
this 30th day of SEPTEMBER A. D. 19 77 at 3;31 o'clock P M., and
duly recorded in Vol. M77, of DEEDS on Page 18626

Wm D. MILNE, County Clerk
By [signature]

FEE $ 3.00