44654 STATE FILE NUMBER

CERTIFICATE OF DEATH

Vol. M78 Page 4922

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

900 411 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—first name	Milton
1b. Middle name	Kenneth
1c. Last name	Mac Gugan
2a. Date of death—month, day, year	Nov. 13, 1977
2b. Hour	12:04A
3. Sex	Male
4. Color or race	Caucasian
5. Birthplace (state or foreign country)	Canada
6. Date of birth	9/11/1912
7. Age (last birthday)	65 years
8. Name and birthplace of father	Thomas Mac Gugan-New York
9. Maiden name and birthplace of mother	Unknown-Hungary
10. Citizen of what country	USA
11. Social Security Number	562-09-5309
12. Married, never married, widowed, divorced (specify)	Married
13. Name of surviving spouse (if wife, enter maiden name)	Harriet Eilertson
14. Last occupation	Supervisor
15. Number of years in this occupation	34
16. Name of last employing company or firm	Pacific Telephone
17. Kind of industry or business	Telephone

PLACE OF DEATH

Field	Entry
18a. Place of death—name of hospital or other in-patient facility	Barton Memorial
18b. Street address	4th. & South Sts.
18c. Inside city corporate limits	Yes
18d. City or town	So. Lake Tahoe
18e. County	El Dorado
18f. Length of stay in county of death	6 hrs.
18g. Length of stay in California	1 week

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

Field	Entry
19a. Usual residence—street address	329 Shetland Drive
19b. Inside city corporate limits (specify yes or no)	No
19c. City or town	Grants Pass
19d. County	Josephine
19e. State	Oregon
20. Name and mailing address of informant	Harriet MacGugan, 329 Shetland Drive, Grants Pass, Oregon

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21a. Coroner (investigation or inquest)	Investigation
21b. Physician	
21c. Physician or coroner	Richard [illegible] McCleo-Sheriff-Coroner (signature)
21d. Date signed	November 15, 1977
21e. Address	300 Fair Lane Drive, Placerville, California

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	Cremation
22b. Date	11/15/1977
23. Name of cemetery or crematory	Masonic Mem. Gardens, Reno Nevada
24. Embalmer—signature / license number	Carl J. McFarlane 3825
25. Name of funeral director (or person acting as such)	McFarlane Mortuary
27. Local registrar—signature	Curtiss E. Weidmer M.D.
28. Date received for registration	Nov. 16, 1977

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) *Coronary insufficiency.*

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING

DUE TO, OR AS A CONSEQUENCE OF (B) *Arteriosclerotic & hypertensive cardiovascular disease.*

DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Nº 19177

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

CURTISS E. WEIDMER, M.D.
Ardis A. Moore (signature) — Deputy Registrar
SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

Placerville, California — November 22, 1977
PLACE OF CERTIFICATION — DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

Harriet B. MacGugan
Rt. #2 Box 379
Olympia, Washington 98503

State of Oregon,
County of Klamath } ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of March, 1978, at 11:24 o'clock P M. and recorded on Page 4922 in Book M78 Records of Deeds of said County.

WM. D. MILNE, County Clerk
By Bernetha G. Letsch (signature) Deputy

Fee $3.00