50643 CERTIFICATE OF DEATH 3801 03670

STATE OF CALIFORNIA

Vol. M78 Page 13597

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. Name of Decedent—First	IRENE
1B. Middle	ESSIE
1C. Last	PALMER
2A. Date of Death (Month, Day, Year)	June 13, 1978
2B. Hour	2131
3. Sex	Female
4. Race	White
5. Ethnicity	AMERICAN
6. Date of Birth	February 16, 1919
7. Age	59 Years
8. Birthplace of Decedent (State or Foreign Country)	ARKANSAS
9. Name and Birthplace of Father	PETER MATTHEWS ARKANSAS
10. Birth Name and Birthplace of Mother	PEARL TYLER ARKANSAS
11. Citizen of What Country	USA U.S.A.
12. Social Security Number	563 - 26 - 9441
13. Marital Status	Married
14. Name of Surviving Spouse (If wife, enter birth name)	JOHN M. PALMER
15. Primary Occupation	WAITRESS
16. Number of Years This Occupation	15
17. Employer (If self-employed, so state)	NO RECORD
18. Kind of Industry or Business	RESTAURANT

USUAL RESIDENCE

Field	Entry
19A. Usual Residence—Street Address (Street and Number or Location)	5813 Harlan Drive
19B.	901
19C. City or Town	Klamath Falls
19D. County	KLAMATH
19E. State	Oregon
20. Name and Address of Informant—Relationship	JOHN M. PALMER, HUSBAND 5813 HARLAN DRIVE KLAMATH FALLS, ORE. 97601

PLACE OF DEATH

Field	Entry
21A. Place of Death	San Francisco General Hospital
21B. Street Address (Street and Number or Location)	22nd and Potrero Avenue
21C. City or Town	San Francisco
21D. County	San Francisco

CAUSE OF DEATH 03 1550 04

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

	Cause	Approximate interval between onset and death
Immediate cause (A)	Staph sepsis	
Due to, or as a consequence of (B)	Liver failure	
Due to, or as a consequence of (C)	Hepatoma	

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

24. Was death reported to coroner: No
25. Was biopsy performed: Yes
26. Was autopsy performed: No

23. Other conditions contributing but not related to the immediate cause of death: Respiratory failure

27. Was operation performed for any condition in items 22 or 23? Operation: Intrabdominal abscesses 6-3-78; Hepatectomy 5-17-78

PHYSICIAN'S CERTIFICATION

28A. I certify that death occurred at the hour, date and place stated from the causes stated.
I attended decedent since (Enter mo, da, yr): 5-9-78
I last saw decedent alive (Enter mo, da, yr): 6-13-78
28B. Physician—Signature and degree or title: R. Fantozzi MD
28C. Date signed: 6/14/78
28D. Physician's license number: G34610
28E. Type physician's name and address: R. Fantozzi, M.D. San Francisco Gen. Hospit[al] FANTOZZI 5764

INJURY INFORMATION

29. Specify accident, suicide, etc.:
30. Place of injury:
31. Injury at work:
32A. Date of injury—Month, Day, Year:
32B. Hour:
33. Location (Street and number or location and city or town):
34. Describe how injury occurred (Events which resulted in injury):

CORONER'S USE ONLY

35A. I certify that death occurred at the hour, date and place stated from the causes stated. As required by law I have held an (Inquest-Investigation)
35B. Coroner—Signature and degree or title:
35C. Date signed:

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
36. Disposition	CREMATION
37. Date—Month, Day, Year	6/15/78
38. Name and Address of Cemetery or Crematory	OLIVET MEMORIAL PARK, COLMA, CALIF.
39. Embalmer's License Number	NOT EMBLAMED
40. Name of Funeral Director (or person acting as such)	N. GRAY & CO., SAN FRANCISCO
41. Local Registrar—Signature	Mervyn F. Silverman MD
42. Date Accepted by Local Registrar	JUN 15 1978

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (1-78)

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: 78-342
CERTIFICATION NO: 78-23490

DATED: Jun 21, 1978

SAN FRANCISCO, CALIFORNIA

Mervyn F. Silverman M.D.
DIRECTOR OF PUBLIC HEALTH
AND LOCAL REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of June A.D., 19 78 at 11:19 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 13597

WM. D. MILNE, County Clerk

By Bernetha G Letsch Deputy

FEE $3.00

JUN 26 AM 11 19 '78