

60313

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THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

FEE PAID: \$3.00

AUG 30 1978

DIRECTOR
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HWY., SAN DIEGO, CA 92101

DATED:

36. DIVISION Cremation		37. DATE—MONTH, DAY, YEAR 8-29-1978		38. CREMATOR Crematory Crematory		39. CREMATOR'S LICENSE NUMBER AND SIGNATURE not embalmed	
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE SOCIETY		41. LOCAL REGISTRAR John R. Chappin		42. OFFICER OF LOCAL REGISTRY AUG 28 1978		43. STATE REGISTRAR A	
1. NAME OF DECEDENT—FIRST Paul		2. MIDDLE Raymond		3. LAST Rust		4. DATE OF BIRTH 1-2-1930	
5. SEX Male		6. RACE White		7. ETHNICITY Rust		8. DATE OF BIRTH 1-2-1930	
9. NAME AND BIRTHPLACE OF FATHER Remmer Rust—Unknown		10. MARRIAGE STATUS Married		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER NAME AND BIRTHPLACE OF MOTHER) Tina Fischer—Unknown		12. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER NAME AND BIRTHPLACE OF MOTHER) Floye Green	
13. PRIVATE OCCUPATION Mechanic		14. NUMBER OF YEARS 483-24-2291		15. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Frank Motors Lincoln		16. KIND OF BUSINESS OR BUSINESS Auto Dealer	
17. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1250 Petree #362		18. CITY OR TOWN San Diego		19. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Floye Rust (Wife) 1250 Petree #362 El Cajon, CA 92020	
21. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1250 Petree #362		22. CITY OR TOWN El Cajon		23. STATE California		24. DATE OF DEATH August 26, 1978	
25. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Acute Circulatory Failure (B) Coronary Thrombosis (C) Atherosclerosis		26. DATE OF DEATH August 26, 1978		27. TIME OF DEATH 6:00 PM		28. DATE OF DEATH August 26, 1978	
29. OTHER CONDITION CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH no		30. PLACE OF DEATH no		31. TYPE OF DEATH no		32. DATE OF DEATH August 26, 1978	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) no		34. DESCRIBE HOW INJURY OCCURRED (EXCEPT WHEN RESULTED IN INJURY) no		35. CONSUMER—SIGNATURE AND DECEDENT OR TITLE no		36. DATE OF DEATH August 26, 1978	
37. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM 1. LAST SAW DECEDENT ALIVE (ENTER NO. OF YEAR) 310/67		38. TYPE PHYSICIAN'S NAME AND ADDRESS Lawrence J. Crow M.D. 2313 El Cajon Blvd. San Diego, CA		39. DATE OF DEATH August 26, 1978		40. DATE OF DEATH August 26, 1978	
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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8002

08295

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE OF OREGON; COUNTY OF KLAMATH; SS.

I hereby certify that the within instrument was received and filed for record on the 28th day of

December A.D., 1978 at 4:28 o'clock P.M., and duly recorded in Vol. M-78

of Deeds on Page 28886

FEE \$3.00

WM. D. MILNE, County Clerk

By Jacqueline J. Mettler Deputy