This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

94087

MAY 7 1980

REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

Vol. M80 Page 24895

80 DEC 23 PM 1 59

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7012 #24637

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—First name	Dorothy
1b. Middle name	Grace
1c. Last name	Ellis
2a. Date of death—Month, day, year	Nov. 28, 1962
2b. Hour	9:30 P
3. Sex	Female
4. Color or race	Cauc.
5. Birthplace (State or foreign country)	California
6. Date of birth	Sept. 19, 1922
7. Age (last birthday)	40 Years
8. Name and birthplace of father	Ellis Roscoe - Ohio
9. Maiden name and birthplace of mother	Edith Hanna - Unknown
10. Citizen of what country	USA
11. Social Security number	Unknown
12. Last occupation	Cook
13. Number of years in this occupation	10
14. Name of last employing company or firm	Mac's Gingham Inn.
15. Kind of industry or business	Restaurant
16. If deceased was ever in U.S. Armed Forces, give war or dates of service	No
17. Specify married, never married, widowed, divorced	Married
18a. Name of present spouse	Joseph E. Ellis
18b. Present or last occupation of spouse	Auto Mechanic

PLACE OF DEATH

Field	Entry
19a. Place of death—Name of hospital	(DOA) Bella Vista Community Hospital
19b. Street address	5425 E. Pomona Blvd. — Outside city corporate limits [X]
19c. City or town	Belvedere 1-04-12
19d. County	Los Angeles
19e. Length of stay in county of death	40 Years
19f. Length of stay in California	40 Years

LAST USUAL RESIDENCE

Field	Entry
20a. Last usual residence—Street address	569 So. Fetterly Ave.
20b. If outside city corporate limits	XX Not on a farm
20c. City or town	East Los Angeles 04-06
20d. County	Los Angeles
20e. State	Calif.
21a. Name of informant (if other than spouse)	Barbara Gleason
21b. Address of informant	1907 Firmona St. Redondo Beach, Calif.

PHYSICIAN OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I attended the deceased from ___ and that I last saw the deceased alive on ___

22b. CORONER: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I have held an autopsy on the remains of deceased as required by law.

22c. Physician or coroner—Signature: Theo. J. Curphey, M.D. Coroner (signed)

22d. Address: HALL OF JUSTICE, LOS ANGELES

22e. Date signed: 1-16-63

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
23. Specify burial, entombment or cremation	Burial
24. Date	Dec. 3, 1962
25. Name of cemetery or crematory	Evergreen Cemetery
26. Embalmer—Signature (if body embalmed)	(signature)
License number	4364
27. Name of funeral director (or person acting as such)	Pierce Brothers- Gulick
28. Date accepted for registration by local registrar	JAN 21 1963
29. Local registrar—Signature	(signature) Luella C. Moore

521.0

CAUSE OF DEATH

30. CAUSE OF DEATH. Part I. Death was caused by: Enter only one cause per line for (a), (b), and (c)

Immediate cause (a): Hepatic Fatty metamorphosis

Conditions, if any, which gave rise to the above cause (a) stating the underlying cause last. Due to (b): ___

Due to (c): ___

Part II: Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a)

Approximate interval between onset and death

OPERATION AND AUTOPSY

31. Operation—Check one: [X] No operation performed

32. Date of operation

33. Autopsy—Check one: [X] Autopsy performed—Findings used in determining above stated causes of death

INJURY INFORMATION

34a. Specify accident, suicide or homicide

34b. Describe how injury occurred

MEDICAL AND HEALTH DATA BP* issued on Pending 11/30/62

42-37

LOS ANGELES COUNTY, STATE OF CALIFORNIA

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of December A.D., 19 80 at 1:59 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 24895.

Fee $ 3.50

WM. D. MILNE, County Clerk
By (signature) deputy

William L. Sisemore
Attorney at Law
540 Main Street
Klamath Falls, OR 97601