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SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, SAN DIEGO, CA.
THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE OFFICE OF THE DEPARTMENT, THIS SAN DIEGO
DEPARTMENT OF HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED.

REGISTRAR

FEE PAID: $3.00
DATED: MAR 30 1981

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000 03839

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST: EDITH	1B. MIDDLE: LUCILLE	1C. LAST: MC BEE	2A. DATE OF DEATH (MONTH, DAY, YEAR): April 7, 1980 — 2B. HOUR: 1615
3. SEX: Female — 4. RACE: Cauc.	5. ETHNICITY: American	6. DATE OF BIRTH: Nov. 8, 1919	7. AGE: 60 YEARS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Oklahoma	9. NAME AND BIRTHPLACE OF FATHER: Leonard L. Mason, Arkansas		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Dora A. Ireland, Missouri
11. CITIZEN OF WHAT COUNTRY: USA	12. SOCIAL SECURITY NUMBER: 546-74-0795	13. MARITAL STATUS: Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): James W. McBee
15. PRIMARY OCCUPATION: Housewife	16. NUMBER OF YEARS THIS OCCUPATION: 40	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Home	18. KIND OF INDUSTRY OR BUSINESS: -
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): Star Route 2, Hiway 76, Rey River Ranch	19B. 20901		19C. CITY OR TOWN: Santa Ysabel
19D. COUNTY: San Diego	19E. STATE: California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: James W. McBee, Husband, Star Route 2, Hiway 76, Rey River Ranch, Santa Ysabel, CA	
21A. PLACE OF DEATH: Palomar Memorial Hospital	21B. COUNTY: San Diego		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 550 E. Grand Ave.	21D. CITY OR TOWN: Escondido		

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiopulmonary failure due to	hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B)	Multiple metastases due to	months
(C)	Carcenoma pancreas	1yr

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Rheumatoid arthritis

24. WAS DEATH REPORTED TO CORONER? no
25. WAS BIOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? no
27. WAS OPERATION PERFORMED? TYPE OF OPERATION: yes Gastrojejunostomy 10-9-79

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Oliver-Thomas MD
28C. DATE SIGNED: 4-8-80
28D. PHYSICIAN'S LICENSE NUMBER: A14310

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS
1-17-77	4-7-80	Oliver Thomas, MD 815 E. Pennsylvania, Escondido, CA. 92025

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)
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

36. DISPOSITION	37. DATE—MONTH DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	April 10, 1980	Greenwood Mem. Park, San Diego, CA	6746 Suzanne K. Kaatz

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Featheringill Mortuary
41. LOCAL REGISTRAR—SIGNATURE: Ronald L. Cannon, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 9 1980

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

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 19th day of Sept, A.D., 1983 at 11:42 o'clock A M, and duly recorded in Vol M 83, of Deeds on page 16113.

EVELYN BIEHN, COUNTY CLERK
by Lenore Arnold deputy

Fee $ 4.00