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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

NOV 19 1984

73-[illegible] CERTIFICATE OF DEATH

Section	Field	Entry
DECEDENT PERSONAL DATA	1a. Name of decedent—first name	Ruth
	1b. Middle name	R.
	1c. Last name	Mee
	2a. Date of death	February 14 1973
	2b. Hour	7:[illegible]
	3. Sex	Female
	4. Color or race	White
	5. Birthplace	Texas
	6. Date of birth	July 19, 1922
	7. Age	50 years
	8. Name and birthplace of father	William Reeder - Texas
	9. Maiden name and birthplace of mother	Jennie Moreland - Texas
	10. Citizen of what country	U.S.A.
	11. Social security number	601-03-4560
	12. Married, never married, widowed, divorced	Married
	13. Name of surviving spouse	James H. Mee
	14. Last occupation	Housewife
	15. Number of years in this occupation	35 yrs.
	16. Name of last employing company or firm	At Home
	17. Kind of industry or business	- - -
PLACE OF DEATH	18a. Place of death—name of hospital or other in-patient facility	
	18b. Street address	249 Verano Drive #4
	18c. Inside city corporate limits	Yes
	18d. City or town	Santa Barbara
	18e. County	Santa Barbara
	18f. Length of stay in county of death	8 years
	18g. Length of stay in California	8 years
USUAL RESIDENCE	19a. Usual residence—street address	249 Verano Drive #4
	19b. Inside city corporate limits	Yes
	19c. City or town	Santa Barbara
	19d. County	Santa Barbara
	19e. State	California
	20. Name and mailing address of informant	Mr. James H. Mee, 249 Verano Drive #4, Santa Barbara, CA
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. Coroner	
	21b. Physician	
	21c. Physician or coroner	John Carpenter, Coroner [signature]
	21d. Date signed	2/15/73
	21e. Address	4434 Calle Real, Santa Barbara, CA
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. Specify burial, entombment or cremation	Cremation
	22b. Date	2/15/73
	23. Name of cemetery or crematory	Grand View Crematory
	24. Embalmer	Not Embalmed
	25. Name of funeral director	Goleta Valley Mortuary
	27. Local registrar	Joseph T. [illegible] MD
	28. Date accepted by local registrar	Feb. 15, 1973
CAUSE OF DEATH	29. Part I. Death was caused by: Immediate cause (A)	Massive intestinal infarction
	Due to, or as a consequence of (B)	
	Due to, or as a consequence of (C)	
	30. Part II. Other significant conditions	
	32a.	Yes
	32b.	Yes
INJURY INFORMATION	33. Specify accident, suicide or homicide	
	34. Place of injury	
	35. Injury at work	
	36a. Date of injury	
	36b. Hour	
	37a. Place of injury	
	38.	
	39.	
	40. Describe how injury occurred	

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STATE REGISTRAR	A. 7	B. [illegible]	C. 1	D.	E. 4442	F. 1.01

CK 9.00

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VALIDATED—REQUIRED FEE PAID
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE
STATE REGISTRAR OF VITAL STATISTICS
VITAL STATISTICS SECTION
SACRAMENTO, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 30th day of November A.D., 19 84 at 2:24 o'clock P M, and duly recorded in Vol M84, of Deeds on page 20166.

Ret: Sierra Const. 438 Sycamore Rd.
Santa Monica, Ca. 90402

Fee: $ 9.00

EVELYN BIEHN, COUNTY CLERK
by: Ellen Smith, Deputy