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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 3-86-40-000195 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: LUCILLE | 1B. MIDDLE: ALICE | 1C. LAST: ALLEN

3. SEX: Female | 4. RACE/ETHNICITY: Caucasian | 5. SPANISH/HISPANIC: NO [X] | 6. DATE OF BIRTH: May 9, 1918

2A. DATE OF DEATH (MONTH, DAY, YEAR): February 21, 1986 | 2B. HOUR: 2130

7. AGE: 67 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): North Dakota | 9. NAME AND BIRTHPLACE OF FATHER: Charles Tower - Minnesota

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Louise Kowausch - Minnesota

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 ___ TO 19 ___ | 12. SOCIAL SECURITY NUMBER: 556-28-7462 | 13. MARITAL STATUS: Widowed | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): - - -

15. PRIMARY OCCUPATION: Homemaker | 16. NUMBER OF YEARS THIS OCCUPATION: Adult Life | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self | 18. KIND OF INDUSTRY OR BUSINESS: Own Home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): Squaw Flat Road | 19B.

19C. CITY OR TOWN: Sprague River | 19D. COUNTY: Klamath | 19E. STATE: Oregon

PLACE OF DEATH

21A. PLACE OF DEATH: Sierra Vista Hospital | 21B. COUNTY: San Luis Obispo

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1010 Murray Avenue | 21D. CITY OR TOWN: San Luis Obispo

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mark Allen, son, 560A Shasta, Morro Bay, CA.

CAUSE OF DEATH

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) Cardiopulmonary Arrest — seconds
DUE TO, OR AS A CONSEQUENCE OF
(B) Respiratory Failure — days
DUE TO, OR AS A CONSEQUENCE OF
(C) Neuromuscular Respiratory Muscle Failure — months

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No | TYPE OF OPERATION | DATE

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.): 2/12/86 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 2/21/86

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Eric J Schultz MD | 28C. DATE SIGNED: 2/24/86 | 28D. PHYSICIAN'S LICENSE NUMBER: G52430

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Eric J. Schultz, M.D. 1941 Johnson Ave., San Luis Obispo, CA 93401

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

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: 2/25/1986 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Chapel of the Roses, Atascadero, CA

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Lawn Memorial Mortuary | 40B. LICENSE NO.: F-374 | 41. REGISTRAR—SIGNATURE: [signature] Health Officer | 42. DATE ACCEPTED BY LOCAL REGISTRAR: MB FEB 25 1986

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

VS-11 (1-85)

This is a true and correct copy of the record if it bears an embossed seal and is printed in purple ink.
Francis M. Cooney, Clerk-Recorder APR 16 1986
By [signature] Deputy
San Luis Obispo County, California

DOC. NO. 13867
OFFICIAL RECORDS
SAN LUIS OBISPO CO., CA
MAR 12 1986
FRANCIS M. COONEY
County Clerk-Recorder
TIME 8:00 AM
VOL 131 PAGE 894

Return to:
Leslie Allen
P.O. Bx 385
Sprague River OR 97639 (533-2417)
$6.00 CASH

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 9th day of February A.D., 19 87 at 12:27 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 2023.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]