

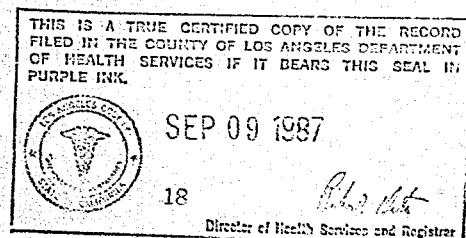
1569

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. m89 Page 10803

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		DOROTHY		G.		NESS		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE	
Female		White		NO		August 31, 1928		59 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
Idaho		Harry Totten - Oklahoma		Vera Fields - Idaho		19 N/A to 19 N/A		003-13-3567	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Married		Raphael Ness		Manager		5		Mr. Nunn	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Apartment Management		5734 Katherine Street		Ventura		Simi Valley		Mr. Raphael Ness - Husband	
19D. COUNTY		19E. STATE		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
		California		Tarzana Regional Medical Center		Los Angeles		18321 Clark Street	
21D. CITY OR TOWN		21E. STATE		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
Tarzana		California		(A) Cardio pulmonary arrest		1 hr		24. WAS DEATH REPORTED TO CORONER?	
				(B) Ischemic cardiomyopathy		1 year		25. WAS BIOPSY PERFORMED?	
				(C) N/A				26. WAS AUTOPSY PERFORMED?	
								27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
								NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
9/2/87		Benjamin S. Simon, M.D.		9/5/87		C41270		30. PLACE OF INJURY	
9/9/87		5525 Etiwanda, Tarzana, California						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		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
Burial		Sept 11, 1987		2680 Memorial Dr., Oregon		6768		Reardon Simi Valley Mortuary	
40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR		44. STATE REGISTRAR	
1091		Raphael P. Ness		SEP 09 1987		A.		B.	
						C.		D.	
						E.		F.	



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Raphael P. Ness the 16th day of June A.D., 19 89 at 3:18 o'clock P. M., and duly recorded in Vol. M89 of Deeds on Page 10803.

FEE \$8.00

Return: Raphael P. Ness

2180 Kiln, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By Ruth M. Mullins