OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION 10432 Vol. M-66 Page 11744

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 59 M66-1269

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: NANCY; Middle: OLIVE; Last: PUTNAM

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 30 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2344 Home Avenue

4. DATE OF DEATH: Month: February; Day: 13; Year: 1966
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-22-3268
9. USUAL OCCUPATION (Kind of work done during most of life): Retired -- nurse
10. KIND OF BUSINESS OR INDUSTRY: Hospitals
11. NAME OF SPOUSE: ---
12. DATE OF BIRTH: Month: January; Day: 30; Year: 1884
13. AGE LAST BIRTHDAY: 82 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Clay County, Missouri
15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: Joseph B. Bondurant
18. MAIDEN NAME OF MOTHER: Nancy Bennett
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Dorothy E. Lane Daughter

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cardio- Resp. failure — Interval Between Onset and Death: terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Arteriosclerotic Heart Disease — Progressive for 15 yrs
DUE TO (C):

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Gastric ulcer with Hemorrhage

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) — 25B. City / County / State
26. TIME OF INJURY: Hour: ..... a. m. ..... p. m.; Month; Day; Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (last saw alive) the deceased from or on 13 Feb '66 to 21 Jan '66 (date) and that the death occurred at 1:06p m. from the causes and on the date stated above.
➤ B. M. LeVernois, M.D. (Signature) — Klamath Falls, Oregon (Title / Address) — 2/14/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 2/15/66
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 2-15-66
32. REGISTRAR'S SIGNATURE: ➤ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ W. W. Ward Klamath Falls, Oregon

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics
By Marian Ackerman Deputy
Date February 15, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Company
this 14 day of November 1966 at 4:00 o'clock PM., and
duly recorded in Vol. M-66, of Deeds on Page 11744

DOROTHY ROGERS, County Clerk

By Beverly J. Hayden Deputy

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