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13569

CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON, BOARD OF HEALTH, PORTLAND, PUBLIC HEALTH OFFICE

LOCAL REGISTRAR'S NUMBER: 180

STATE FILE NO.: '66 007125

DATE RECEIVED: JUN 9 - 1966

Field	Entry
1. NAME OF DECEASED (Type or print all entries in black ink) — First / Middle / Last	FLORA / ELIZABETH / LINDLAND
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	27 years
D. NAME OF HOSPITAL OR (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.	1608 Halsey
4. DATE OF DEATH — Month / Day / Year	May 21 1966
5. SEX	Female
6. COLOR OR RACE	White
7. MARITAL STATUS	☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.	540-32-8120
9. USUAL OCCUPATION (Kind of work done during most of life)	Housewife
10. KIND OF BUSINESS OR INDUSTRY	At Home
11. NAME OF SPOUSE	Byron L. Lindland
12. DATE OF BIRTH — Month / Day / Year	January 3 1914
13. AGE LAST BIRTHDAY	52 Yrs.
IF UNDER 1 YEAR — Months / Days	
IF UNDER 24 HOURS — Hours / Minutes	
14. BIRTHPLACE (State or Foreign Country)	Taney County, Missouri
15. WAS DECEASED A CITIZEN OF	☒ U.S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?	—
17. NAME OF FATHER	John P. Decker
18. MAIDEN NAME OF MOTHER	Nora Fisher
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Nora Decker (Mother)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Carcinomatosis (breast) — Interval Between Onset and Death (Years, days, hours, etc.): 5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): 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)

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) the deceased from or on [illegible] 56 to May 21 and that the death occurred at 2:05a m. from the causes and on the date stated above.

(Signature) Raymond Jo[illegible] (Title) M.D. (Address) Klamath Falls, Oregon (Date Signed) 5/23/66

29. RESERVED FOR REGISTRAR'S USE: 170X

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 5/24/66

30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills

30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 5-24-66

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Klamath Falls, Oregon

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

2-17-67

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED: APR 17 1967

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Miriam M. [illegible]

STATE REGISTRAR

VS-112 Rev. 2-3-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Byron Lindland

this 19 day of April A.D. 1967 at 1:31 o'clock P M., and

duly recorded in Vol. M-67, of Deeds on Page 2759

Fee $1.50

DOROTHY ROGERS, County Clerk

22 By [signature]