19564

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M-68 PAGE 320

CERTIFIED COPY OF DEATH RECORD

68-302

LOCAL REGISTRAR'S NUMBER 134

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First DELLA; Middle EDWARDS; Last ROSS

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 25 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. 2212 Oak

4. DATE OF DEATH: Month May; Day 6; Year 1967
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-52-7208
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At home
11. NAME OF SPOUSE: ----
12. DATE OF BIRTH: Month March; Day 16; Year 1887
13. AGE LAST BIRTHDAY Yrs.: 80
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HOURS: Hours; Minutes
14. BIRTHPLACE (State or Foreign Country): Hayes County, Texas
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: Benjamin Edwards
18. MAIDEN NAME OF MOTHER: Amanda (no record)
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Lois Warmack (Daughter)

MEDICAL CERTIFICATION

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

		Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Adeno-carcinoma - stomach with metastasis to neck, lungs etc.	unknown duration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	Phlebothrombosis left leg	4 wks or more
DUE TO (C):	Advanced senility	several years duration

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 Apr 13 1967 (date) to May 6 1967 (date) and that the death occurred at 10:30p m. from the causes and on the date stated above.

➤ G. A. Massey, M.D. (Signature) — Klamath Falls, Oregon (Address) — 5/9/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION (City or Town) State
☒ Buried ☐ Cremated ☐ Removed ☐ Other	5/9/67	Klamath Memorial Park	Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR	32. REGISTRAR'S SIGNATURE	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
5-10-67	➤ Marian Ackerman	➤ 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 May 11, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Transamerica Title Insurance Co.

on this 15 day of January A. D. 1968 at 8:48 o'clock am, and duly recorded in Vol. M-68 of Deeds Page 320.

DOROTHY ROGERS, County Clerk

By Ruth J. Hayden Deputy

Fee 1.50

4