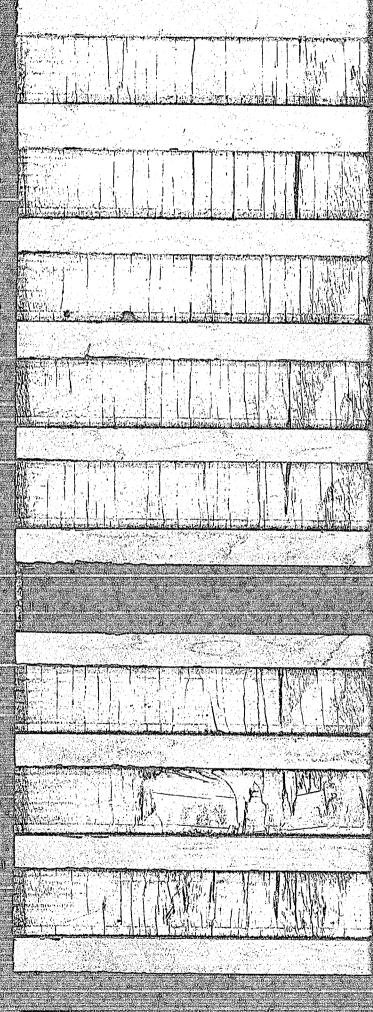
CERTIFIED COPY VOL. 11.68 PAGE 2403 21233 OREGON STATE BOARD OF HEALTH
VITAL STATE OF DEATH
STANDARD CENTRICATE OF DEATH
BOARD STATE OF ORDERS

FEDERAL BECURITY AGENCY—U. C. PUBLIC HEALTH SERVICE

B. (MIAN) LOCAL REGISTRAN'S - \$1-STATE FILE NO. 6497 DATE RECEIVED 2 6 1953 1. NAME OF ... (First)
DECEASED
(TYPE OR PRINT) BESSIO e. (Last) Marie Rathe 2. PLACE OF DEATH A. STATE Oregon Klamath c. LENGTH OF STAX Un this place 27 year: C. CITY (16 outside corporate limits, write RURAL)
OR
TOWN Klamath Falls Town Klamath Falls D. FULL NAME OF GENERAL NO. HOSPITAL OR HOSPITAL OR D. STREET (if rurs), sive location)
ADDRESS 625 N. 6th Street Hillside Hospital 7A. MARRIED, NEVER MARRIED, NO. 6th Street
7A. MARRIED, NEVER MARRIED, 1990 NAME OF HUSBAND ON THE STREET OF HUSBAND ON THE STREET OF HUSBAND ON THE STREET OF THE STREET DATE Month (Day) (Year) S. SEX S. COLOR OR RACK DEATH June 15, 1953 Female White B. DATE OF BIRTH D. AGE (In year last birthday) 10. BIRTHPLACE (Sinte or foreign con II. CITIZEN OF WHAT Jan. 23, 1893 Selma, Oregon 13. MOTHER'S MAIDEN NAME Maria Avidriasdatter 12. PATHER'S NAME Jacob Hanseth 14a. USUAL OCCUPATION Elementary school Instructor MEDICAL CERTIFICATION ENTER ONLY ONE PURE PER LINE FOR (A), (B), AND (C).
DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH® (A) CYCLOROL
ANTECEDENT CAUSES

Morbid Conditions, It any, giving pue to the baber cause (a) stating rise to the above cause (a) stating rise to the above cause (a) stating 17. SOCIAL SECURITY NO 542-38-9514 16. CAUSE OF DEATH This does not mean the mode of dying, such as heart failure, asthenia, sto. It mean the dis-sate, injury, or complica-tion which caused donth. no thiam discussion of the above cause (a) starting the underlying cause last.

DUE TO DO START OF THE ST DATE OF OPERATION 20. AUTOPSYT 21A ACCIDENT SUICIDE HOMICIDE YES 🔲 🚜 🗷 219. PLACE OF INJURY (e.g. in or shout home, farm, factory, street, office building, forest, etc.) (STATE) 210. TIME (Month) 21E. INJURY OCCURRED. 21F. HOW DID INJURY OCCURT OF WHILEAT AT WORK 2. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM QUALIST 10 3-10 ME 16 STATE LAST SAW THE DECEASED ALIVE ON MAGISTIC SAND THAT DEATH OCCURRED AT \$150 M. FROM THE CAUSES AND ON THE 230. ADDRESS Klamath Falls, Oregon M.D. 244, BURIAL, CREMA-TION, REMOVAL (Specify) Removal 24C. NAME OF CHAPTER 240. LOCATION (CIty, Lo 6/19/53 Deer Creek cemetery Selma, Oregon 28. FUNERAL DIRECTOR'S BIGNATURE ADDRESS. Oregon STATE OF OREGON DATE ISSUED County of Multnomah . MAR 2 5 1968 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. STATE REGISTRAR TIMBERLINE VS-112 Rev. 2-2-67 STATE OF OREGON, ss County of Klamath Filed for record at request of Hjalmar S. Rathe on this 27 day of March A. D. 19 68 3:05 ____ o'clist PM____ ed daily recorded in Vol. M-68 of Deeds 2403 DOROTHY ROGERS, Count, Clerk



In the transfer of