CERTIFIED COPY

28245 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M68 PAGE 10969

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH, PORTLAND, 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 332

STATE FILE NO. '68 014280

DATE RECEIVED NOV 12 1968

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Edna — Middle: Emma — Last: Worden

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 18 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 3542 Bristol Street

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.: 3542 Bristol Street

4. DATE OF DEATH: Month October Day 26 Year 1968
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 544-38-8769
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife, nurse's aide
10. KIND OF BUSINESS OR INDUSTRY: Nursing
11. NAME OF SPOUSE: --
12. DATE OF BIRTH: Month January Day 1 Year 1911
13. AGE LAST BIRTHDAY: 57 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Marion Co., Kansas
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: Theo Skibbe
18. MAIDEN NAME OF MOTHER: Anna Nuss
19. INFORMANT'S NAME AND MAILING ADDRESS: Ronald Worden, son

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary thrombosis — Interval Between Onset and Death: 2 days
Conditions, if any, which gave rise to (a) above cause (a), stating the underlying cause last — DUE TO (B): Cad — 4 yrs
DUE TO (C): Breast

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 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 ..... Month Day Year ..... a.m. ..... p.m.
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (~~investigated the death of~~) the deceased from or on 29 Oct 68 (date) to 29 Oct 68 (date) and that the death occurred at 10:10a from the causes and on the date stated above.
S.M. Peterson (Signature) MD (Title) 511 Medical Dental Bldg (Address) 29 Oct 68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 174X

30A. DECEASED WILL BE: ☐ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 10/29/68
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Pk.
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 10-29-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Britt & Hart 5 Pine St., Klamath Falls

MEDICAL CERTIFICATION

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED DEC 16 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.

Marian R. Morton

STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON, }
County of Klamath } ss.
Filed for record at request of
Ganong, Ganong And Gordon
on this 19th day of December A.D. 19 68
at 10:18 o'clock A.M., and duly
recorded in Vol. M-68 of Deeds
Page 10969.
DOROTHY ROGERS, County Clerk
By Marian R. Hooton Deputy
Fee $1.50