

LOCAL REGISTRAR'S NUMBER 65 34411

STATE OF OREGON
BOARD OF HEALTH - PORTLAND 97801
PUBLIC HEALTH SERVICE

STANDARD CERTIFICATE OF DEATH
STATE FILE NO. 3012
DATE RECEIVED

1. NAME OF DECEASED
(Type or print all)
Billie E. Rudolph

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, (If outside corporate limits, or specify)
LOCATION Klamath Falls
C. LENGTH OF STAY 20th to 4th of 1969
D. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION P. I. Hospital
E. STREET ADDRESS, RURAL ROUTE, ETC.
1119 Maple St

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon B. COUNTY Klamath
C. CITY, TOWN, (If outside corporate limits, or specify)
OR LOCATION Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.
1119 Maple St

4. DATE OF DEATH Month Day Year March 8, 1969
5. SEX Female
6. COLOR OR RACE White
7. MARITAL STATUS
☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO. 543-28-7982
9. USUAL OCCUPATION Housewife
10. KIND OF BUSINESS OR INDUSTRY None
11. NAME OF SPOUSE Herbert Rudolph

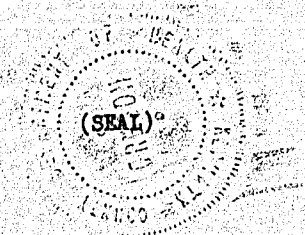
12. DATE OF BIRTH Month Day Year December 20, 1925
13. AGE LAST BIRTHDAY Yrs 43
14. BIRTHPLACE (State or Foreign Country) Omaha, Nebraska
15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER William Gardner
18. MAIDEN NAME OF MOTHER Nellie Barrett
19. INFORMANT'S NAME AND ADDRESS (Name, address, phone, etc.)
Herbert Rudolph, husband

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) Cardiac Rupture Failure
DUE TO (B) Metast. CA
DUE TO (C) CA of Panc.
PART II: Other Significant Conditions Contributing to Death but not related to the terminal illness or condition given in Part I (a):
21. If deceased was female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No
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, Street, etc.)
25B. City County State
26. TIME OF INJURY Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE (Certify that I (affirmed) (sworn) the foregoing the deceased died on 4 Feb 69 at 1:22a, from the causes and on the date stated above.
Signature: [Signature] Title: Klamath Falls, Ore Date: 10 Mar 69
29. RESERVED FOR REGISTRAR'S USE
30. DECEASED WILL BE
☒ Buried ☐ Cremated ☐ Other
30A. DATE 3/12/69
30B. NAME OF CREMATORY OR CEMETERY Washelli Cemetery
30C. LOCATION (City or Town) Seattle, Washington
31. DATE RECEIVED BY LOCAL REGISTRAR 3-12-69
32. REGISTRAR'S SIGNATURE [Signature]
33. FULL-TIME REGISTRAR'S SIGNATURE AND ADDRESS [Signature] Klamath Falls, Oregon

STATE OF OREGON

County of KIAMATH

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.



NEIL BLACK, M. D.
Registrar Vital Statistics

By [Signature]
Date MAR 20 1969 19

VOID IF ALTERED

STATE OF OREGON,
County of Klamath
Filed for record at request of
Herbert B. Rudolph
on this 24th day of April A.D. 1969
at 11:32 o'clock A.M. and duly
recorded in Vol. M-69 of Deeds
page 3012
Wm D. MILNE, County Clerk
by [Signature] Deputy
Fee \$1.50