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.

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 65 31111

STATE FILE NO. VOL. M69 PAGE 3012

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First / Middle / Last: Billie E. Rudolph

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 C: 20 months
- D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): P. I. 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.: 1119 Maple St

4. DATE OF DEATH (Month, Day, Year): March 8, 1969

5. SEX: female

6. COLOR OR RACE: white

7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 543-28-7982

9. USUAL OCCUPATION (Kind of work done during most of life): Housewife

10. KIND OF BUSINESS OR INDUSTRY: home

11. NAME OF SPOUSE: Herbert Rudolph

12. DATE OF BIRTH (Month, Day, Year): December 20, 1925

13. AGE LAST BIRTHDAY (Yrs.): 43 — IF UNDER 1 YEAR (Months, Days) — IF UNDER 24 HOURS (Hours, Minutes)

14. BIRTHPLACE (State or Foreign Country): Omaha, Nebraska

15. WAS DECEASED A CITIZEN OF: [X] 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 RELATIONSHIP TO DECEASED: Herbert Rudolph, husband

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):	Cardio Resp Failure	Terminal
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last — DUE TO (B):	Metast. Ca	known for one mon.
DUE TO (C):	Ca of Panc.	only.

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 [X] 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) (investigated the death of) the deceased from or on 4 Feb 69 (date) to 8 Mar 69 (date) and that the death occurred at 1:22a.m. from the causes and on the date stated above.

(Signature) T. M. Seltzer, M.D. (Title) (Address) Klamath Falls, Ore (Date Signed) 10 Mar 69

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other

30B. DATE: 3/12/69

30C. NAME OF CREMATORY OR CEMETERY: Washallie Cemetery

30D. LOCATION (City or Town) State: Seattle, Washington

31. DATE RECEIVED BY LOCAL REGISTRAR: 3-10-69

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Keith O'Hair, Klamath Falls, Oregon

FORM VS-2

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.

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Ackerman
Deputy Registrar

Date MAR 20 1969 19

(SEAL)

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. 19 69

at 11:32 o'clock A. M., and duly recorded in Vol. M-69 of Deeds

Page 3012

Wm D. MILNE, County Clerk

By Marlene K. Haustman Deputy

Fee $1.50

6