34131

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL M69 PAGE 6581

228
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

1. DECEASED—NAME (First, Middle, Last): Minnie Louise Carr
2. DATE OF DEATH (month, day, year): July 18, 1969
3. RACE (White, Negro, American Indian, etc. (specify)): white
4. SEX: female
5a. AGE—Last birthday (years): 57
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): December 11, 1911
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 2401 Nile St
8. STATE OF BIRTH (If not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Russell Carr
12. SOCIAL SECURITY NUMBER: 526-07-5974
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife
13b. KIND OF BUSINESS OR INDUSTRY: home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): no
14e. STREET AND NUMBER OR R.F.D.: 2401 Nile St
15. FATHER—NAME (first middle last): Nicholas D. Claussen
16. MOTHER—Maiden Name (first middle last): Mathilda Rathman
17. INFORMANT—NAME and relationship to deceased: Russell Carr, husband

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(a) immediate cause: Generalized carcinomatosis — 6 mo.
(b) due to, or as a consequence of: Carcinoma ovary — 18 mo.
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death

1. ACCIDENT (specify yes or no) 20a.
DATE OF INJURY (month, day, year) 20b.
HOUR 20c. M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.
2. INJURY AT WORK (specify yes or no) 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.
LOCATION (street or R.F.D. No., city or town, county, state) 20g.
3.

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 6 9 55 (month day year) to 7-18-69 (month day year) And Last Saw Him/Her Alive on: 7-16-69 (month day year) I Did/Did Not view the body after death (specify): did not. DEATH OCCURRED (hour): 6:20 AM M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Robert Payne MD
22b. NAME (type or print) degree or Title: Robert Payne, M. D.
22c. DATE SIGNED (month, day, year): 7-18-69
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 204 Medical Dental Bldg., Klamath Falls Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): July 21, 1969
25a. FUNERAL DIRECTOR—SIGNATURE: Fred O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, Klamath Falls, Oregon
4. REGISTRAR—SIGNATURE: 26a. Marion Fakerman
DATE RECEIVED BY LOCAL REGISTRAR: 26b. 7-22-69
DATE RECEIVED BY STATE REGISTRAR: 27.
5. RESERVED FOR REGISTRAR'S USE
6. 28.

VS-2 R-69

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 Marion Fakerman, Deputy Registrar
Date JUL 23 1969 19
VOID IF ALTERED
(SEAL)

Return to P.K. Puckett 538 Main St.

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of P. K. Puckett
this 30th day of July A. D. 19 69 at 9:35 o'clock A. M., and duly recorded in Vol. M-69, on Page 6581 of Deeds
Fee $1.50
Wm D. MILNE, County Clerk
By Marion K. Fakerman, Deputy