CERTIFIED COPY 39785 VOL. M-70 PAGE 2447

MAR 30 2 31 PM 1970

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

'69 018176

46 Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME (First) ELIZABETH (Middle) LAHOLA (Last) RARE					2. DATE OF DEATH (month, day, year) Dec. 24, 1969
3. RACE White, Negro, American Indian, etc. (specify) White	4. SEX Female	5a. AGE—Last birthday (years) 75	Under 1 year: 5b. mos. days	Under 1 day: 5c. hours min.	6. DATE OF BIRTH (month, day, year) Nov. 10, 1894
7a. COUNTY OF DEATH Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7c. Inside City Limits (specify yes or no) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 1729 Menlo Way		
8. STATE OF BIRTH (If not in U.S.A., name country) Austria	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11. NAME OF SPOUSE James Rare		
12. SOCIAL SECURITY NUMBER 481-07-2792 A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	13b. KIND OF BUSINESS OR INDUSTRY At home			
14a. RESIDENCE—STATE Oregon	14b. COUNTY Klamath	14c. CITY, TOWN, OR LOCATION Klamath Falls	14d. Inside City Limits (specify yes or no) Yes	14e. STREET AND NUMBER OR R.F.D. 1729 Menlo Way	
15. FATHER—NAME first middle last Richard Lahola	16. MOTHER—Maiden Name first middle last Felixa Bizerski	17. INFORMANT—NAME and relationship to deceased James Rare (Husband)			

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

18. Immediate cause (a): Coronary Occlusion (Neumonia)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of (b): Emphysema & Chronic Colitis — 3 mos
due to, or as a consequence of (c):

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

20a. ACCIDENT (specify yes or no) | 20b. DATE OF INJURY (month, day, year) | 20c. HOUR | 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

20e. INJURY AT WORK (specify yes or no) | 20f. PLACE OF INJURY: at home, farm, street, factory, office bldg., etc. (specify) | 20g. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION—I attended the deceased from: month day year 2/ 27/ 69 to month day year 12/ 24/69 — And Last Saw Him/Her Alive on: month day year 12/24/69 — I Did/Did Not view the body after death (specify) Not — DEATH OCCURRED (hour) 5:15 P.M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE M E Robinson — 22b. NAME (type or print) M.E. Robisnon degree or Title M.D. — 22c. DATE SIGNED (month, day, year) 12/31/69

MAILING ADDRESS—PHYSICIAN (street) 425 Pine (city or town) Klamath Falls (state) Oregon (zip) 97601

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify) — CEMETERY OR CREMATORY—NAME — LOCATION city or town, state — DATE (mo., day, year)
24a. Burial — 24b. Klamath Memorial Park — 24c. Klamath Falls, Oregon — 24d. Dec. 29, 1969

FUNERAL DIRECTOR—SIGNATURE — FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25a. W W Ward — 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore 97601

REGISTRAR—SIGNATURE — DATE RECEIVED BY LOCAL REGISTRAR — DATE RECEIVED BY STATE REGISTRAR
26a. Mary Nelson — 26b. Dec. 31, 1969 — 27. JAN 12 1970

IF UNAUTHORIZED CHANGES ARE MADE ON ANY COPY

VS-112 Rev. 2-2-67

STATE OF OREGON } ss.
County of Multnomah

DATE ISSUED MAR 26 1970

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.

Miriam K. Martin
STATE REGISTRAR

STATE OF OREGON, } ss.
County of Klamath

Filed for record at request of: Harold Sliger, Att. at Law
on this 30 day of March A. D., 1970
at 2:31 o'clock P. M. and duly recorded in Vol. M 70 of Deeds
Page 2447

WM. D. MILNE, County Clerk
By Lucille Mitchell Deputy.
Fee 1.50

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NOTARY
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OF OREGON