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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 148

STATE FILE NO. VOL M70 PAGE 10488

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: LUCILLE "BETH" — Middle: ELIZABETH — Last: HOWARD

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 2B: 1 Day
D. NAME OF HOSPITAL OR (If not in hospital, give street address): Presbyterian Intercommunity 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): Keno
D. STREET ADDRESS, RURAL ROUTE, ETC.: No numbers - P.O. Box # 124

4. DATE OF DEATH — Month: May — Day: 20 — Year: 1969

5. SEX: Female

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO.: 540-34-0455

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

10. KIND OF BUSINESS OR INDUSTRY: General Store

11. NAME OF SPOUSE: Elmo Z. Howard

12. DATE OF BIRTH — Month: December — Day: 20 — Year: 1915

13. AGE LAST BIRTHDAY: 53 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): near Beswick, California

15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? ——

17. NAME OF FATHER: Martin Eugene Spencer

18. MAIDEN NAME OF MOTHER: Mary Susan Raymond

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Elmo Z. Howard (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))

	Cause	Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Cardiac Resp Failure	Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	Metast Ca of the lung	6 Mon's
DUE TO (C):	[illegible] Primary Ca of lung	1 yr.

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): [illegible] to [illegible] to spine

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [X] 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 June 68 (date) to 20 May 69 (date) and that the death occurred at 2:45 p.m. from the causes and on the date stated above.

[signature] (Signature) — M.D. (Title) — Klamath Falls, Oregon (Address) — 5/21/69 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

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

30B. DATE: 5/23/69

30C. NAME OF CREMATORY OR CEMETERY: Keno. Cemetery

30D. LOCATION (City or Town) — State: Keno, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 5-23-69

32. REGISTRAR'S SIGNATURE: Marian Ahlerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] 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

(SEAL)

By [signature]
Deputy Registrar

Date MAY 23 1969 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Elmo Z. Howard

on this 24th day of November A.D., 1970 at 11:17 o'clock A.M. and duly recorded in Vol. M70 of Deeds Page 10488

WM. D. MILNE, County Clerk

By Phyllis Rutledge Deputy.

Fee $1.50

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