48262

SS# 543-10-4196

JAN 19 11 05 AM 1971 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M71 PAGE 455

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 374

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Lela — Middle: A. — Last: Caillouette

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: 28 yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Prsb. Intercom. Hosp.

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.: 621 Roseway Drive

4. DATE OF DEATH — Month, Day, Year: Dec. 20, 1965
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: ---
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: ---
11. NAME OF SPOUSE: Noel R. Caillouette
12. DATE OF BIRTH — Month, Day, Year: March 25, 1919
13. AGE LAST BIRTHDAY — Yrs.: 46 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Lycing, Kansas
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: No record
18. MAIDEN NAME OF MOTHER: No record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: N. R. Caillouette, husband

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Uremia — Interval Between Onset and Death (Years, days, hours, etc.): 5 MOs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Chronic glomerulo nephritis — 6 years
DUE TO (C):

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 ☒ 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 Dec. 17, 1965 to 12-20-65 (date) and that the death occurred at 2155h p.m. from the causes and on the date stated above.
R. H. Engelke, M.D. (Signature) — Klamath Falls, Ore. (Address) — 12-22-65 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 12-23-65
30C. NAME OF CREMATORY OR CEMETERY: Mt. Calvary Cem.
30D. LOCATION (City or Town), State: Klamath Falls, Oregon

31. DATE RECEIVED BY REGISTRAR: 12-24-65
32. REGISTRAR'S SIGNATURE: Marjorie Comer
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Keith O'Hair's — Keith O'Hair, 515 Pine, Klamath Falls, Ore.

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By Marjorie Comer Deputy

Date December 24, 1965 19

VS-1C 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Insurance Co.

this 19th day of January A. D., 19 71 at 11:05 o'clock A M., and duly recorded in Vol. M71, of Deeds on Page 455

Fee $1.50

WM. D. MILNE, County Clerk

By Cynthia Canfield