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STANDARD CERTIFICATE OF DEATH

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

STATE FILE NO. 68 015919
DATE RECEIVED DEC 11 1968

LOCAL REGISTRAR'S NUMBER 354

1. NAME OF DECEASED (Type or print all entries in black ink): First BERYL, Middle MARIE, Last PLEAS

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION Klamath Falls
C. LENGTH OF STAY IN 2B 61 Years
D. NAME OF HOSPITAL OR INSTITUTION Ponderosa Nursing Home

3. USUAL RESIDENCE
A. STATE Oregon
B. COUNTY Klamath
C. CITY, TOWN OR LOCATION Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC. 819 North 2nd. Street

4. DATE OF DEATH November 15 1968
5. SEX Female
6. COLOR OR RACE White
7. MARITAL STATUS X Married
8. SOCIAL SECURITY NO. 540-12-7189
9. USUAL OCCUPATION Housewife
10. KIND OF BUSINESS OR INDUSTRY At home
11. NAME OF SPOUSE Frank W. Pleas
12. DATE OF BIRTH October 13 1895
13. AGE LAST BIRTHDAY 73
14. BIRTHPLACE South English, Iowa
15. WAS DECEASED A CITIZEN X
16. IF DECEASED WAS A VETERAN WHAT WAR? —
17. NAME OF FATHER Amos Hardenbrook
18. MAIDEN NAME OF MOTHER Sarah Maxwell
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Frank W. Pleas (Husband)

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Multiple C.V.A. — weeks
DUE TO (B) Cerebral arteriosclerosis — years
DUE TO (C)
PART II. Other significant conditions

22. Was an autopsy performed? X No

23. WAS DEATH RESULT OF: Accident / Suicide / Homicide
24. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I attended the deceased ... 10:45a ... 11/15/68
[signature] M.D. Klamath Falls, Oregon
4379

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: X Burial
DATE 11/18/68
NAME OF CEMETERY OR CREMATORY Klamath Memorial Park
LOCATION Klamath Falls, Oregon
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [signature] Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 11-18-68
32. REGISTRAR'S SIGNATURE Marian Schuman

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. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

STATE OF OREGON, COUNTY OF MULTNOMAH Mar. 10 1971
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.
[signature] STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of ARTHUR SCHAUP
this 18th day of MARCH A. D., 1971 at 1:10 o'clock P M., and duly recorded in
Vol. M 71, of DEEDS on Page 2311

Fee $1.50 19

WM. D. MILNE, County Clerk
By [signature]