62236 MAR 17 1 41 PM 1972 Vol. M72 Page 2897

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 47

STATE FILE NO. '69 002286

DATE RECEIVED MAR 10 1969

1. NAME OF DECEASED: Edith Agustva Edwards

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION: Klamath Falls
C. LENGTH OF STAY: since 1928
D. NAME OF HOSPITAL OR INSTITUTION: P. I. Hospital

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2940 Laarne St

4. DATE OF DEATH: February 18, 1969
5. SEX: female
6. COLOR OR RACE: white
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never married
8. SOCIAL SECURITY NO.: 541-30-3777
9. USUAL OCCUPATION: housewife
10. KIND OF BUSINESS OR INDUSTRY: home
11. NAME OF SPOUSE: Christy C. Edwards
12. DATE OF BIRTH: November 25, 18[illegible]
13. AGE LAST BIRTHDAY: 76
14. BIRTHPLACE: Nevada, Missouri
15. WAS DECEASED A CITIZEN OF: ☒ U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?: no
17. NAME OF FATHER: George Owen
18. MAIDEN NAME OF MOTHER: Martha Hatfield
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Clinton Edwards, son

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): 433.9 [illegible] — Interval between onset and death: 4 days
DUE TO (B): [illegible]
DUE TO (C):
PART II. Other significant conditions: [illegible]

21. If deceased was female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an autopsy performed? ☐ Yes ☒ No

28. CERTIFICATE: I certify that I attended the deceased from 10-19-67 to 2-18-69 and that the death occurred at 8:40p from the causes and on the date stated above.
(Signature) [illegible] (Date signed) 2/19/69

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 2/21/69
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 2-19-69
32. REGISTRAR'S SIGNATURE: [illegible]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Klamath Falls, Oregon

DATE ISSUED Sep. 14 1971

STATE OF OREGON, COUNTY OF MULTNOMAH) SS
I HEREBY CERTIFY THAT THE FOREGOING C[...] HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF [...] ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGO[N ST]ATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

[signature] STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of BEDDOE HENDERSON & HAMILTON

this 17th day of MARCH A.D., 1972 at 1:41 o'clock P.M., and duly recorded in

Vol. M 72, of DEEDS on Page 2897

WM. D. MILNE, County Clerk

Fee $2.00

By [signature]