63546

Vol. M72 Page 4470

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 43

STATE FILE NO.

DATE RECEIVED

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

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: 4 months
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 4731 Onyx St.

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): Sprague River
D. STREET ADDRESS, RURAL ROUTE, ETC.: Box 395 Sprague River

4. DATE OF DEATH: Month: February — Day: 9, — Year: 1967
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 542-48-7197
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY:
11. NAME OF SPOUSE: Douglas Hess
12. DATE OF BIRTH: Month: Sept. — Day: 13, — Year: 1905
13. AGE LAST BIRTHDAY: 61 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Ft. Klamath, Oregon
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: William Skeen
18. MAIDEN NAME OF MOTHER: Rosabelle White
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Douglas Hess, 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): Respiratory failure — Interval between Onset and Death (Years, days, hours, etc.): 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last — DUE TO (B): Generalized carcinomatosis — 1 yr
DUE TO (C): Papillary cystadenocarcinoma ovary — 2 yrs
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) ////// the death of) the deceased from or on 2-9-67 Dec 1964 to (date) and that the death occurred at 8:15p m. from the causes and on the date stated above.
➤ George Zupan, M.D. (Signature) — (Title) Klamath Falls, Oregon (Address) — 2/10/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 2-13-67
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 2-10-67
32. REGISTRAR'S SIGNATURE: ➤ Marjorie Comer
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ Mike O'Hair 515 Pine, K. Falls, Ore

APR 27 10 01 AM 1972

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.

(SEAL)

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

By Marian Ackerman
Deputy

Date February 13, 1967

VS-16 2/56

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of ROBERT PUCKETT

this 27th day of APRIL A. D., 19 72 at 10:01 o'clock A.M., and duly recorded in Vol. M 72, of DEEDS on Page 4470

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Dragt