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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

184 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

DECEASED

1. DECEASED—NAME: First LORINE Middle ELMA Last ROBINSON
2. DATE OF DEATH (month, day, year): May 22, 1972
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 56
5b. Under 1 year: mos.
5c. days
6a. Under 1 day: hours
6b. min.
6. DATE OF BIRTH (month, day, year): November 23, 1915
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): DOA Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Montana
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: John "Scotty" Robinson (Husband)
12. SOCIAL SECURITY NUMBER: 544-05-2961
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 3809 Clinton Avenue
15. FATHER—NAME first middle last: Ernest - Steinseifer
16. MOTHER—Maiden Name first middle last: Mamie - Nevins
17. INFORMANT—NAME and relationship to deceased: John "Scotty" Robinson (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause
(a) CARDIAC FAILURE, CAUSE UNDETERMINED due to, or as a consequence of — approximate interval between onset and death: UNKNOWN
Conditions, if any, which gave rise to (a) stating the underlying cause last
(b) INANITION due to, or as a consequence of — 2 mos
(c) CERVICAL ARACHNOIDITIS WITH INTRACTABLE PAIN — 2 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): NONE
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no): NO
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no): NO
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month AUG day 7 year 71 to month MAY day 10 year 72. And Last Saw Him/Her Alive on: month FEB day 23 year 1972. I Did/Did Not view the body after death (specify): DID. DEATH OCCURRED (hour): DOA M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Thomas E Klump M.D.
22b. NAME (type or print) degree or Title: Thomas E. Klump, M.D.
22c. DATE SIGNED (month, day, year): MAY 22 1972
23. MAILING ADDRESS—PHYSICIAN street, city or town, state, zip: Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): May 24, 1972
25a. FUNERAL DIRECTOR—SIGNATURE
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

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26a. REGISTRAR—SIGNATURE: Marian J Sherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1972
27. DATE RECEIVED BY STATE REGISTRAR: JUN - 5 1972
RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

June 28, 1972
DATE ISSUED

STATE OF OREGON
County of Multnomah

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 Health Division and in my official care and custody.

Marian J Sherman
STATE REGISTRAR

VS-112 Rev. 7-71

SP 6731 E-333

STATE OF OREGON; COUNTY OF KLAMATH; ss. JUL 6 2 47 PM 1972

Filed for record at request of ROBERT PUCKETT

this 6th day of JULY A. D., 19 72 at 2:47 o'clock P M., and duly recorded in Vol. M 72 of DEEDS on Page 7331

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Drazil