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STATE FILE NUMBER 66653

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3801 0308

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Bessie	Mae	Hodges	1/14/66	2:25P

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
F	White	Utah	April 25, 1906	59 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
George J. Burden, Unk	Mary Johnson, Utah	U.S.A.	542-54-8635

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM	15. KIND OF INDUSTRY OR BUSINESS
Diet Cook	6	Klamath Falls Public School	Public Schools

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
No	Married	Samuel J. Hodges	Watchman

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	
University of California Hospitals	3rd and Parnassus	[X] INSIDE CITY CORPORATE LIMITS [ ] OUTSIDE CITY CORPORATE LIMITS

19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
San Francisco	San Francisco	3 mos YEARS	8 mos YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	20b. IF INSIDE CITY CORPORATE LIMITS CHECK HERE / IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: ON A FARM / NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
Weyerhauser Road	[ ] [X]	Spouse

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)
Klamath Falls	Klamath	Oregon	Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 1/3/66 TO 1/14/66 AND THAT I LAST SAW THE DECEASED ALIVE ON 1/14/66

22c. PHYSICIAN OR CORONER—SIGNATURE ▶ Hiss Watters, M.D. DEGREE OR TITLE

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD _____ AN _____ (INVESTIGATION/AUTOPSY/INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22d. ADDRESS: Univ. of Calif. Hospitals

22e. DATE SIGNED: 1/14/66

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED)	LICENSE NUMBER
Burial	1-21-66	Brigham City Cemetery Brigham City, Utah	Donald N Rindlisbacher	5014

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE
TRUMAN'S, Oakland9,Cal	JAN 16 1966	▶ Ellis D. Sox

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Bronchopneumonia	2 days
DUE TO (B)	Coma	8 days
DUE TO (C)	Hyperthyroidism	Mos. 25?.0

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

Proable CVA and acute MI

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE:	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE:
[ ] NO OPERATION PERFORMED; [ ] OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH; [ ] OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		[ ] NO AUTOPSY PERFORMED; [ ] AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH; [X] AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY Ooccurred (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30.)

35a. TIME OF INJURY (HOUR, MONTH, DAY, YEAR)	35b. INJURY OCCURRED: [ ] WHILE AT WORK [ ] NOT WHILE AT WORK	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)	35d. CITY, TOWN, OR LOCATION — COUNTY — STATE
M.			

Rev. 1-1-58 Form VS-11

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 9252

DATED: MARCH 10, 1966

SAN FRANCISCO, CALIFORNIA

Ellis D. Sox

ELLIS D. SOX, M.D.
DIRECTOR OF PUBLIC HEALTH AND
LOCAL REGISTRAR

Return to: Ronald G. Hodges
7787 Hazelnut Wls. Newark Ca. 94560

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ronald G. Hodges

this 19th day of July A. D., 19 72 at 2:25 o'clock P M., and duly recorded in Vol. M 72, of Deeds on Page 7917

WM. D. MILNE, County Clerk

Fee 2.00 By Mary L. Lindsay