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Vol. 73 Page 4968

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

State File Number

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| DECEASED—NAME First Middle Last Nellie Evelina PALMER | | DATE OF DEATH (month, day, year) September 18, 1971 | |
| 1. RACE White, Negro, American Indian, etc. (specify) White | | 2. DATE OF BIRTH (month, day, year) October 30, 1884 | |
| 3. SEX Female | | 4. AGE—Last birthday (years) 86 | |
| 5. COUNTY OF DEATH Deschutes | | 6. CITY, TOWN, OR LOCATION OF DEATH Bend | |
| 7. STATE OF BIRTH (if not in U.S.A., name country) Oregon | | 8. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 9. SOCIAL SECURITY NUMBER 542 32 8150 | | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed | |
| 11. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife | | 12. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 13. RESIDENCE—STATE Oregon | | 14. STREET AND NUMBER OR R.F.D. Box 135 | |
| 15. FATHER—NAME first middle last James M. Livengood | | 16. MOTHER—Maiden Name first middle last Mary M. Andrews | |
| 17. INFORMANT—NAME and relationship to deceased Cecil Palmer Son | | 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) | |
| 19. (a) Immediate cause Pulmonary edema - R+heart failure | | 20. (b) Antecedent cause arteriosclerotic cardiovascular disease | |
| 21. (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | | 22. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) | |
| 23. ACCIDENT (specify yes or no) No | | 24. DATE OF INJURY (month, day, year) 20c. 9-10-71 | |
| 25. INJURY AT WORK (specify yes or no) No | | 26. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. 409 E. Greenwood Bend, Oregon 97701 | |
| 27. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 7 11 71 to present | | 28. DEATH OCCURRED (hour) 12:30 P. M. | |
| 29. PHYSICIAN—SIGNATURE Richard E. Robinson | | 30. DATE SIGNED (month, day, year) Sept. 20, 1971 | |
| 31. MAILING ADDRESS—PHYSICIAN 409 E. Greenwood Bend, Oregon 97701 | | 32. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Hausoleum | |
| 33. FUNERAL DIRECTOR—SIGNATURE Niswonger-Reynolds, Inc. | | 34. DATE RECEIVED BY LOCAL REGISTRAR 9-20-71 | |
| 35. REGISTRAR—SIGNATURE Cary Mead | | 36. DATE RECEIVED BY STATE REGISTRAR | |
| 37. RESERVED FOR REGISTRAR'S USE | | 38. 28. | |

VS-2 R-69

STATE OF OREGON
COUNTY OF Deschutes

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.

SEAL

VOID IF ALTERED

Cary Mead
Registrar of Vital Statistics
By Cary Mead
Date Sept 20 1971STATE OF OREGON,
County of Klamath
Filed for record at request of
BEDDOE & HAMILTONon this 25 day of APRIL A.D. 19 73
at 5:00 o'clock P.M. and duly
recorded in Vol. M 73 of DEEDS
Page 4968Wm D. MILNE, County Clerk
By [Signature] Deputy
Fee \$ 2.00Rev.
Beddoe & Hamilton
296 Main
Bend