

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

DECEASED		LOCAL FILE NUMBER		MIDDLE		LAST		STATE FILE NUMBER	
1. RACE (White, Negro, American Indian, etc. (specify))		2. SEX		3. AGE (last birthday (years))		4. DATE OF BIRTH (month, day, year)		5. DATE OF DEATH (month, day, year)	
6. COUNTY OF DEATH		7. CITY, TOWN, OR LOCATION OF DEATH		8. USUAL OCCUPATION (give kind of work done during most of the year, even retired)		9. USUAL RESIDENCE (give kind of work done during most of the year, even retired)		10. WIDOWED	
11. STATE OF BIRTH (if not in U.S., name country)		12. SOCIAL SECURITY NUMBER		13. USUAL RESIDENCE (give kind of work done during most of the year, even retired)		14. WIDOWED		15. NAME OF SPOUSE	
16. RESIDENCE - STATE		17. COUNTY		18. CITY, TOWN, OR LOCATION		19. USUAL RESIDENCE (give kind of work done during most of the year, even retired)		20. WIDOWED	
21. FATHER - NAME		22. MOTHER - Maiden Name		23. FIRST MIDDLE LAST		24. INFORMATION - NAME and relationship to deceased		25. (Niece)	
26. Edward		27. O'Neill		28. Elva Rowena Plummer		29. Virginia Dekaris		30. (Niece)	
31. DEATH WAS CAUSED BY:		32. IMMEDIATE CAUSE		33. (a) due to, or as a consequence of:		34. (b) due to, or as a consequence of:		35. (c) due to, or as a consequence of:	
36. Cause		37. Heart		38. Heart		39. Heart		40. Heart	
39. CAUSE		40. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)		41. ACCIDENT (specify yes or no)		42. DATE OF INJURY (month, day, year)		43. HOUR	
44. INJURY AT WORK (specify yes or no)		45. PLACE OF INJURY (office bldg., etc. (specify))		46. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		47. AUTOPSY (yes or no)		48. IF YES, were findings considered in determining cause of death?	
49. CERTIFICATION - month day year		50. AND LAST SAW HIM/HER ALIVE (month day year)		51. I DID/DID NOT VIEW THE BODY AFTER DEATH (specify)		52. DEATH OCCURRED (month day year)		53. AT THE PLACE, on the date, and, to the best of my knowledge, the cause of death is the cause(s) stated.	
54. PHYSICIAN - SIGNATURE		55. NAME (type or print)		56. DEGREE or title		57. DATE SIGNED (month, day, year)		58. ZIP	
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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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By William T. Sherman, Deputy Registrar
Date MAY 25 1973

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of William Genangthis 14th day of June A.D., 1973 at 1:53 o'clock P.M., and duly recorded inVol. M 73, of Deeds on Page 6785Return to:
Genang, Lawrence & Janis
538 Main St., City

fee 2.00

By

WM. D. MILNE, County Clerk

Mary L. Landberg