STANDARD CERTIFICATE OF DEATH

Vol. M 73 Page 7768

STATE OF OREGON
BOARD OF HEALTH — PORTLAND 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 300

STATE FILE NO. 77943

DATE RECEIVED OCT 10 8 AM 1968

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: LUCILLE; Middle: VINNIA; Last: MONROE

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 2B: 40 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Ponderosa Nursing Home

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): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2736 Altamont Drive

4. DATE OF DEATH: Month: October; Day: 8; Year: 1968
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542-44-3305
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At home
11. NAME OF SPOUSE: Joseph R. Monroe
12. DATE OF BIRTH: Month: July; Day: 26; Year: 1906
13. AGE LAST BIRTHDAY: 62 Yrs.
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HOURS: Hours; Minutes
14. BIRTHPLACE (State or Foreign Country): Rockford, Washington
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: Albert Yarber
18. MAIDEN NAME OF MOTHER: Harriet Adams
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Joseph R. Monroe (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): Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B):
DUE TO (C):
Interval Between Onset and Death (Years, days, hours, etc.): 6 years

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 [X] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, OID 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 deceased from 1962 to Oct. 8 1968 (dates) and that the death occurred at 12:45 p.m. from the causes and on the date stated above.
(Signature) Wilbur B. Horgan Jr. (Title) M.D., (Address) Klamath Falls, Oregon (Date Signed) 10/9/68

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 10/10/68
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 10-9-68
32. REGISTRAR'S SIGNATURE: Marion Robinson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward Klamath Falls, Oregon

FORM VS-2

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.

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

By Marion Robinson
Deputy Registrar

Date April 7 1968

(SEAL)

VOID IF ALTERED

Mrs J R Monroe
2736 Altamont Dr
Klamath Falls Ore

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of J. R. MONROE

this 20th day of June A. D., 19 73 at 10:48 o'clock A.M., and duly recorded in Vol. M 73, of DEEDS on Page 7768

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Brazil

Cert 300