82549

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I HEREBY CERTIFY, that this is a true, full and correct copy of the original certificate on file in this office.

C.R. Fargher, M.D.

Registrar [illegible]

By Stiaan Watne

JUN 11 1963

Tacoma, Wash.

WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE FILE NO.

REGISTRAR'S NO. 823

CERTIFICATE OF DEATH

REG. DIST. NO.

1. PLACE OF DEATH
   a. COUNTY: PIERCE
   b. CITY, TOWN, OR LOCATION: TACOMA
   c. LENGTH OF STAY IN 1b: 1 DAY
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): ST. JOSEPH'S HOSPITAL
   e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   a. STATE: OREGON
   b. COUNTY: KLAMATH
   c. CITY, TOWN, OR LOCATION: KLAMATH FALLS
   d. STREET ADDRESS: 466 BOARDMAN STREET
   e. IS RESIDENCE INSIDE CITY LIMITS? Yes [ ] No [X]
   f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) — First: ETHEL — Middle: — Last: NICHOL

4. DATE OF DEATH — Month, Day, Year: MAY 14, 1963

5. SEX: F

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 5-8-1908

9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days — If Under 24 Hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OREGON

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ERNEST NOE

14. MOTHER'S MAIDEN NAME: MARY E[illegible]EN DORMAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 518-14-0[illegible]27

17. INFORMANT: MRS. J. T. C[illegible]OTHER (DAUGHTER) — Address: 1201 EAST 70TH ST. TACOMA, WASH.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Colon c metastases
   Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b)
   DUE TO (c)
   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? Yes [ ] No [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from [illegible] 63, to 5-14-63 and last saw her alive on 5-14-63 Death occurred at 12:00 NOON on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]

22b. ADDRESS: [signature]

22c. DATE SIGNED: 5-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-17-1963

23c. NAME OF CEMETERY OR CREMATORY: MT. VIEW MEMORIAL PARK

23d. LOCATION (City, town, or county) (State): TACOMA, WASH.

24. FUNERAL DIRECTOR: MOUNTAIN VIEW — ADDRESS: TACOMA, WASH.

25. DATE REC'D BY LOCAL REG.: MAY 16 1963

26. REGISTRAR'S SIGNATURE: C.R. Fargher, M.D.

S. F. No. 7784—7-61—75M. 6011.

Ret: Richard A. Michel 466 Boardman N.D.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title

this 15 day of Oct A. D., 19 73 at 4:00 o'clock P M., and duly recorded in

Vol. M-73, of deeds on Page 13872

WM. D. MILNE, County Clerk

By Hazel Drazil deputy

2.00