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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH – PORTLAND OREGON
PUBLIC HEALTH SERVICE

STATE FILE NO. '68 005154

DATE RECEIVED APR 2 ... 1968

LOCAL REGISTRAR'S NUMBER 98

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY 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) — First: LENA — Middle: MAE — Last: IVIE

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 2B: 32 years
D. NAME OF HOSPITAL OR INSTITUTION: Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Klamath Falls - rural
D. STREET ADDRESS, RURAL ROUTE, ETC.: Rt. 3 Box 1078

4. DATE OF DEATH: April 10 1968

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: X Married

8. SOCIAL SECURITY NO.: 541-12-2010

9. USUAL OCCUPATION: Housewife

10. KIND OF BUSINESS OR INDUSTRY: At home

11. NAME OF SPOUSE: Jess Ivie

12. DATE OF BIRTH: August 17 1902

13. AGE LAST BIRTHDAY: 65

14. BIRTHPLACE: Bell Plain, Kansas

15. WAS DECEASED A CITIZEN OF: X U.S.

16. IF DECEASED WAS A VETERAN, WHAT WAR?: No

17. NAME OF FATHER: Richard Siemer

18. MAIDEN NAME OF MOTHER: Susan Callam

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Jess Ivie (Husband)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C))

	Cause	Interval between onset and death
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)	cardiac arrest	minutes
DUE TO (B)	Coronary insufficiency	days
DUE TO (C)	Atherosclerosis	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 3 months? ☐ Yes ☒ No ☐ Unknown

22. Was an autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT DID INJURY OCCUR ☐ At Work ☐ Not at Work

25A. PLACE OF INJURY

25B. City — County — State

26. TIME OF INJURY

27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I attended the deceased from ... to 4/9/68 (date) and that the death occurred at 1:10p. from the causes and on the date stated above

4/9/68 (date)

▶ Glenn C. Miller (Signature) M.D. (Title), Klamath Falls, Oregon (Address) 4/10/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 411.9

30. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 4/15/68

30C. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park

30D. LOCATION (City or Town): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 4-11-68

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ▶ A. W. Ward Klamath Falls, Oregon

DATE ISSUED Jan. 25 1974

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
Marian M. Martin

Return to:
Jess M. Ivie
Route 3, Box 1078, City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of JESS M. IVIE

this 6th day of February A. D., 1974 at 2:28 o'clock P. M., and duly recorded in

Vol. M.74, of Deeds on Page 1282

WM. D. MILNE, County Clerk

Fee $ 2.00

By Carol ... Deputy