CERTIFICATE OF DEATH

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92619 — STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED — FIRST NAME: Lola
1b. MIDDLE NAME: Orlina
1c. LAST NAME: Chalmers
2a. DATE OF DEATH — MONTH, DAY, YEAR: August 26, 1974
2b. HOUR: 4:15 A.
3. SEX: Female
4. COLOR OR RACE: Cauc.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
6. DATE OF BIRTH: February 16, 1911
7. AGE (LAST BIRTHDAY): 63 YEARS
IF UNDER 1 YEAR: MONTHS, DAYS
IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: George J. Carpenter-Missouri
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mildred Noland-Ohio
10. CITIZEN OF WHAT COUNTRY: USA
11. SOCIAL SECURITY NUMBER: Yes-Unknown
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Raymond Chalmers
14. LAST OCCUPATION: Housewife
15. NUMBER OF YEARS IN THIS OCCUPATION: 47
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): Home
17. KIND OF INDUSTRY OR BUSINESS:

PLACE OF DEATH

18a. PLACE OF DEATH — NAME OF HOSPITAL OR OTHER INPATIENT FACILITY: Hawthorne Community Hospital
18b. STREET ADDRESS — (STREET AND NUMBER OR LOCATION): 11711 Grevillea Ave.
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. LENGTH OF STAY IN COUNTY OF DEATH: 3 Months xxx
18e. LENGTH OF STAY IN CALIFORNIA: 3 Months xxx
18f. CITY OR TOWN: Hawthorne
18g. COUNTY: Los Angeles

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE — STREET ADDRESS (STREET AND NUMBER OR LOCATION): Harriman Rt. Box 58
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19c. CITY OR TOWN: Klamath Falls
19d. COUNTY: Klamath
19e. STATE: Oregon
20. NAME AND MAILING ADDRESS OF INFORMANT: Mr. Raymond Chalmers, Harriman Rt. Box 58, Klamath Falls, Oregon

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER
21b. PHYSICIAN — I HEREBY CERTIFY THAT I ATTENDED THE DECEDENT SINCE THE HOUR STATED ABOVE AND THAT THE CAUSES STATED BELOW ARE THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEDENT FROM July 73 TO 8/26/74 AND I LAST SAW THE DECEDENT ALIVE ON 8/26/74
21c. PHYSICIAN OR CORONER — SIGNATURE AND DEGREE OR TITLE: Eugene Richards MD, 2001 Pa. Grevillea, Long Beach Calif.
21d. DATE SIGNED: 28 Aug 74
21e. LICENSE NUMBER: A06989

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. TYPE OF BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 8-29-74
23. NAME OF CEMETERY OR CREMATORY: Eternal Hills Cemetery, Oregon
24. EMBALMER — SIGNATURE (IF NON-EMBALMED, LICENSE NUMBER): Darrel Anderson
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): White & Day Chapels
26. LOCAL REGISTRAR — SIGNATURE: Sutton A. W[illegible] SQ lH
27. DATE CERTIFICATE RECEIVED BY LOCAL REGISTRAR: AUG 27 1974
28. LOCAL DEATH REPORT NUMBER: NO

MEDICAL AND HEALTH DATA

CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

29. PART I. DEATH WAS CAUSED BY — CONDITIONS IN ANY WHICH DEATH WAS THE UNMEDIATE CONSEQUENCE OF, STATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
IMMEDIATE CAUSE (A): Carcinoma Pancreas
DUE TO, OR AS A CONSEQUENCE OF (B): Metastasis to Stomach and abdomen
DUE TO, OR AS A CONSEQUENCE OF (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year, 4 mo
30. PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS THAT CONTRIBUTED TO DEATH BUT NOT RELATED TO THE UNDERLYING CAUSE GIVEN IN PART I: Operation Mar 74 NO
31. WAS OPERATION FOR A LEADING CAUSE GIVEN IN PART I OR PART II WITHIN THE PAST 4 WEEKS?
32. MAJOR SURGICAL OPERATIONS WITHIN THE PAST 4 WEEKS

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (STATE, COUNTY, CITY OR TOWN)
35. INJURY AT WORK
36a. DATE OF INJURY
36b. HOUR
37a. PLACE OF INJURY — STREET AND NUMBER OR LOCATION AND CITY OR TOWN
37b. INJURY WAS DUE TO ACTIVITY AT HOME, WORK, SCHOOL, ETC.
38. WERE ALL INJURIES DUE TO THIS CAUSE?
39. WERE ALL INJURIES DUE TO THIS CAUSE?
40. DESCRIBE HOW INJURY OCCURRED

STATE REGISTRAR

A | B | C | D | E | F

SEP 3 4 56 PM 1974

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Raymond Chalmers

this 3rd day of September A. D., 19 74 at 4:56 o'clock P M., and duly recorded in

Vol. M 74, of Deeds on Page 11730

WM. D. MILNE, County Clerk

By Mary L Lindsay Deputy

Fee 2.00

Return to:
Raymond Chalmers
Harriman Rt. Box 58
K Falls