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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED-NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Pearl		B.		Cummings				2. July 10, 1974	
RACE (White, Negro, American Indian, etc. (specify))		SEX		AGE-Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Female		79		Under 1 year		6. November 13, 1894	
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		Inside City Limits (specify yes or no)		HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number)			
Lane		Springfield		7c. YES		7d. McKenzie Manor Nursing Home			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		NAME OF SPOUSE			
Missouri		U.S.A.		Married		Kermit P. Cummings			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
12. 561-28-9532		Housewife		13b. Home					
RESIDENCE-STATE		COUNTY		CITY, TOWN, OR LOCATION		Inside City Limits (specify yes or no)		STREET AND NUMBER OR R.F.D.	
Oregon		Lane		Eugene		14d. Yes		14e. 1051 Cottonwood Avenue	
FATHER-NAME		MOTHER-NAME		INFORMANT-NAME and relationship to deceased					
Everett Keltner		Louisa Sanders		17. Kermit P. Cummings (Husband)					
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		approximate interval between onset and death					
18. Immediate cause		(a) <i>Hypertension</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		(b) <i>Myocardial infarction</i>							
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (yes or no)		IF YES were findings considered in determining cause of death					
<i>Diabetes mellitus; ASHD; HCLD</i>		19a. No		19b.					
ACCIDENT (specify yes or no)		DATE OF INJURY (month, day, year)		HOUR		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)			
20a.		20b.		20c.		20d.			
INJURY AT WORK (specify yes or no)		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		LOCATION (street or R.F.D. No., city or town, county, state)					
20a.		20b.		20c.		20d.			
CERTIFICATION-Physician: I attended the deceased from:		month day year		month day year		And last saw him/her alive on: month day year		I Did/Did Not view the body after death (specify)	
21. 5-17-63		7-10-74		6-21-74				DEATH OCCURRED at the place, on date, and, to the best of my knowledge, due to cause(s) stated.	
PHYSICIAN-SIGNATURE		NAME (type or print)		degree or title		DATE SIGNED (month, day, year)			
22a. <i>D. E. McCafferty</i>		22b. D. E. McCafferty		M.D.		22c. 7-11-74			
MAILING ADDRESS-Physician		street		city or town		state		zip	
7-11-74		188 West B Street		Springfield		Oregon		97477	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY-NAME		LOCATION		city or town		state	
24a. Burial		24b. Lane Memorial Gardens		24c. Eugene		Oregon		24d. July 12,	
FUNERAL DIRECTOR-SIGNATURE		FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)		112 North A Street					
25a. <i>P. Dora & Son</i>		25b. BURNS-FREDERICKSEN FUNERAL HOME-Springfield, Oregon 97477							
REGISTRAR-SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR					
26a. <i>Eugene Powers, Deputy</i>		26b. July 11, 1974		27. JUL 15 1974					
RESERVED FOR REGISTRAR'S USE									
28.									

VS-2 R-69

STATE OF OREGON
County of Multnomah

DATE ISSUED SEPTEMBER 6 1974

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Transamerica Title InsFiled for record at request of _____
this 17 day of Sept A.D., 1974 at 3:55 o'clock P.M., and duly recorded in
Vol. M-74 of deeds on Page 12331

2.00

WM. D. MILNE, County Clerk

By

Deputy