

2573

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## STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

## CERTIFICATE OF DEATH

Vol. 15 Page 7778

DECEASED-NAME		First		Middle		Last		State File Number	
Eileen		Jane		Baker				DATE OF DEATH (month, day, year)	
2 June 27, 1975									
1. RACE (US-24 Negro, American Indian, etc.)		SEX		AGE-Last birthday (years)		Under 1 year		Under 1 day	
White		Female		55.54		Under 1 year		Under 1 day	
2. COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		3. U.S.A.		4. DATE OF BIRTH (month, day, year)		5. DATE OF DEATH (month, day, year)	
Klamath		Klamath Falls		U.S.A.		2 June 27, 1975		2 June 27, 1975	
6. STATE OF BIRTH (name country)		CITIZEN OF WHAT COUNTRY		7. YES		8. HOSPITAL OR OTHER INSTITUTION-NAME		9. NAME OF SPOUSE	
U.S.A.		U.S.A.		YES		2163 Radcliff Street		Lloyd Baker	
10. SOCIAL SECURITY NUMBER		11. BOOKKEEPER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		13. KIND OF BUSINESS OR INDUSTRY		14. STREET AND NUMBER OR R.F.D.	
552-18-4867		Bookkeeper		MARRIED		Oil Industry		2163 Radcliff Street	
15. RESIDENCE-STATE		CITY, TOWN, OR LOCATION		16. INSURANCE-NAME AND RELATIONSHIP TO DECEASED		17. HUSBAND		18. DEATH WAS CAUSED BY:	
Oregon		Klamath Falls		Lloyd Baker		Husband		Immediate cause	
19. John Katzmeyer		Ida Kohnke						Due to, or as a consequence of:	
								Circulatory decomposition - lung	
								4 me	
PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I (a)		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		AUTOPSY (yes or no)		IF YES, were findings considered in determining cause of death			
				19. NO		19b. NO			
20. ACCIDENT (specify yes or no)		DATE OF INJURY (month, day, year)		HOUR		LOCATION (street or R.F.D. No., city or town, county, state)		DEATH OCCURRED (at the place, on the date, and, to the best of my knowledge, to the cause of death stated)	
20b. PLACE OF INJURY (at home, farm, street, factory, office, etc., specify)		20c. LOCATION (street or R.F.D. No., city or town, county, state)		20d. HOUR		20e. LOCATION (city or town, county, state)		20f. DATE (month, day, year)	
20b. 2-8-61		June 27, 1975		6-27-75		Klamath Falls, Oregon		8:40 A.M.	
21. PHYSICIAN-SIGNATURE		NAME (type or print)		DEGREE OR TITLE		DATE SIGNED (month, day, year)			
21a. 1905 Main Street		Fletcher F. Conn		M.D.		7-1-75			
22. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)		CITY, TOWN, OR LOCATION		STATE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR	
22a. Klamath Memorial Park		Klamath Falls, Oregon		Oregon		JUL 2 1975		JUL 2 1975	
22b. O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, Ore.									
23. REGISTRAR-SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR					
23a. Veldon C. Boge		JUL 2 1975		JUL 2 1975					
23b. 133 No. 4th St. Klamath Falls, Ore.									

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Jackson, Deputy RegistrarDate JUL 2 1975

VOID IF ALTERED

RECEIVED JUL 9 1975

4:25 pm

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of STEELE & HEDLUND ATTYthis 9th day of JULY A.D., 1975 at 4:25 o'clock P.M., and duly recorded inVol. M 75 of DEEDS on Page 7778

FEE \$ 3.00

By Wm. D. Milne, County Clerk Deputy