3044

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 75 Page 8407

200
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First LEAH Middle BINGAMAN Last GLUBRECHT
2. DATE OF DEATH (month, day, year): June 5, 1975
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 75
5b. Under 1 year—mos.:
5c. Under 1 day—days / hours / min.:
6. DATE OF BIRTH (month, day, year): August 25, 1899
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Michigan
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: John Glubrecht
12. SOCIAL SECURITY NUMBER: 543-10-2222 - B
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 914 Loma Linda

15. FATHER—NAME first middle last: Aaron Bingaman
16. MOTHER—Maiden Name first middle last: Elizabeth Betzner
17. INFORMANT—NAME and relationship to deceased: John Glubrecht (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause (a): Cerebral hemorrhage — approximate interval between onset and death: 48 hrs
due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no): No
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 10-23-62 TO month day year 6-9-75
And Last Saw Him/Her Alive on: month day year 6-9-75
I Did/Did Not view the body after death (specify): Did
DEATH OCCURRED (hour): 7:50 P. M. at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Fletcher F. Conn M.D.
22b. NAME (type or print) degree or Title: Fletcher F. Conn, M.D.
22c. DATE SIGNED (month, day, year): June 9, 1975
23. MAILING ADDRESS—PHYSICIAN street / city or town / state / zip: 1905 Main Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town / state: Klamath Falls, Oregon
24d. DATE (mo., day, year): June 9, 1975
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE:
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 1975
27. DATE RECEIVED BY STATE REGISTRAR:

RESERVED FOR REGISTRAR'S USE

RECEIVED JUL 24 1975

28. Rel. John Glubrecht 914 Loma Linda K Falls Ore 2:30 pm

VS-2 R-69

STATE OF OREGON
County of Klamath } ss.
This certifies that the foregoing is a correct and complete transcript of record of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By _____, Deputy Registrar
Date JUN 13 1975 19__

STATE OF OREGON, COUNTY OF KLAMATH; ss.
Filed for record at request of JOHN GLUBRECHT
this 24th day of JUNE A.D., 19 75 at 2:30 o'clock P M., and duly recorded in Vol. M-75 of DEEDS on Page 8407
FEE $3.00
WM. D. MINE, County Clerk
By _____, Deputy