4287

AUG 26 1975

Vol. 75 Pg. 10102

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

290
Local File Number

CERTIFICATE OF DEATH

2.00 fm

State File Number

DECEASED

1. DECEASED—NAME: First Orva; Middle Edith; Last Beard
2. DATE OF DEATH (month, day, year): August 24, 1975
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 85
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): August 23, 1890
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 544-24-0757 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Real Estate Broker
13b. KIND OF BUSINESS OR INDUSTRY: Real Estate

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.: 628 Pacific Terrace

15. FATHER—NAME (first middle last): H. Orem
16. MOTHER—Maiden Name (first middle last): Agnus Elizabeth Lewis
17. INFORMANT—NAME and relationship to deceased: Ira Orem, Brother

CAUSE

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

18. Immediate cause (a): Pneumonia — approximate interval between onset and death: 3 days
due to, or as a consequence of (b): Pulmonary Carcinoma
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
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) — Last Nosebleed for 6 years prior
AUTOPSY (yes or no): NO
19a. IF YES were findings considered in determining cause of death
19b.

ACCIDENT / HOMICIDE / SUICIDE

20a. ACCIDENT (specify yes or 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: Feb 14 '56 (month day year) to Aug. 24, 1975 (month day year) And Last Saw Him/Her Alive on: Aug 24 75 (month day year) I Did/Did Not view the body after death (specify) DEATH OCCURRED (hour) 9:00 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Raymond Tice M.D.
22b. NAME (type or print): Raymond Tice
Degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 8-27-75
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dentl. Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 8-27-75
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marion Johnson
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 27 1975
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

Rob: Manning & Simmons
540 Main
Rd.

VS-2 R-69

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
By Marion Johnson Deputy Registrar
Date AUG 28 1975

STATE OF OREGON; COUNTY OF KLAMATH; ss.
GANONG & STSMORE ATTYS
Filed for record at request of AUGUST A. D., 19 75 at 2:00 o'clock P M., and duly recorded in
this 28th day of
Vol. M 75 of DEEDS on Page 10102
FEE $ 3.00

WM. D. MILNE, County Clerk
By Flora L. Magle Deputy