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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

318
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1. Mary	-	Babe	2. September 12, 1975

RACE White, Negro, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3. White	4. Female	5a. 83	5b.	5c.	6. April 10, 1892

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)
7a. Klamath	7b. Klamath Falls	7c. Yes	7d. Washburn Manor

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

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	NAME OF SPOUSE
8. Michigan	9. U.S.A.	10. Widowed	11. --

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
12. 541-84-7431	13a. Homemaker	13b. -

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	Inside City Limits (specify yes or no)	STREET AND NUMBER OR R.F.D.
14a. Oregon	14b. Klamath	14c. Klamath Falls	14d. Yes	14e. 151 North Williams Apt. #10

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
15. John Wingert	16. Lena Lenhardt	17. William Collier, Nephew

CAUSE

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) Cardiac arrest — few minutes
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) Generalized arteriosclerosis
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) — AUTOPSY (yes or no) 19a. No — IF YES were findings considered in determining cause of death 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. M.	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)
20e.	20f.	20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. Aug 1969	Sept. 12, 1975	June 17 '75	not	5:02 P. M.	

PHYSICIAN—SIGNATURE	NAME (type or print) degree or Title	DATE SIGNED (month, day, year)
22a. Craig A. Bennett M.D	22b. Craig A. Bennett M.D.	22c. Sept 16 1975

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 23. 1905 Main St., Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town, state	DATE (mo., day, year)
24a. Burial	24b. Eternal Hills Mem. Gard	24c. Klamath Falls, Oregon	24d. 9-16-75

FUNERAL DIRECTOR—SIGNATURE	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25a. Mike O'Hair	25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 9760

REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
26a. Deborah Chavez	26b. SEP 24 1975	27.

RESERVED FOR REGISTRAR'S USE
28.

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 Vital Statistics
By Deborah Chavez Deputy Registrar
Date SEP 25 1975 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of D.L. Hoots
this 25 day of Sept A. D., 19 75 at 2:58 o'clock P M., and duly recorded in
Vol. M 75 of deed on Page 11660
3.00
WM. D. MILNE, County Clerk
By Sue Fuller

Ret. D. L. Hoots
2261 S. 6th St.
City