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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol 75 Page 13309

CERTIFICATE OF DEATH

State File Number

DECEASED

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

CAUSE

CERTIFIER

ME

BURIAL

DECEASED—NAME First Middle Last Susie — Cornett		DATE OF DEATH (month, day, year) September 18, 1975	
1. RACE—White, Negro, American Indian, etc. (specify) White	2. SEX Female	3. AGE—Last birthday (years) 53	4. DATE OF BIRTH (month, day, year) September 1, 1922
5. COUNTY OF DEATH Klamath	6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7. Inside City Limits (specify yes or no) Yes	8. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Pres. Intercomm. Hospt.
9. STATE OF BIRTH (if not in U.S., name country) Arkansas	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12. NAME OF SPOUSE Calvin Cornett
13. SOCIAL SECURITY NUMBER 570-34-9277	14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker	15. KIND OF BUSINESS OR INDUSTRY —	16. STREET AND NUMBER OR R.F.D. 5640 Balsam Dr.
17. RESIDENCE—STATE Oregon	18. COUNTY Klamath	19. CITY, TOWN, OR LOCATION Klamath Falls	20. INSIDE CITY LIMITS (specify yes or no) No
FATHER—NAME first middle last Tedford		MOTHER—Maiden Name first middle last —	
15. FATHER—NAME first middle last Tedford		16. MOTHER—Maiden Name first middle last —	
17. INFORMANT—NAME and relationship to deceased Calvin Cornett, Husband			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. IMMEDIATE CAUSE (a) Cardio Resp Failure (b) Motor C (c) Injury C of lung			
19. TERMINAL 6 Mon's Gestation 6 Mon's			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
20. ACCIDENT (specify yes or no) 20a. DATE OF INJURY (month, day, year) 7-17-75 20b. HOUR 9-18-75 20c. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) M. 20d. LOCATION (street or R.F.D. No., city or town, county, state) 20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. DATE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20g. DATE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20h. DATE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)			
21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 7-17-75 to 9-18-75 And Last Saw Him/Her Alive on: month day year Aug 15 '75 I Did/Did Not view the body after death (specify) Did DEATH OCCURRED at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. 5:00 P. M.			
22. PHYSICIAN—SIGNATURE Earle M. LeVernois 22a. NAME (type or print) Earle M. LeVernois 22b. CITY or town Klamath Falls, Oregon 22c. STATE Oregon 22d. ZIP 97601			
23. MAILING ADDRESS—PHYSICIAN 2628 Campus Dr. Klamath Falls, Oregon 97601			
24. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial 24a. CEMETERY OR CREMATORY—NAME Klamath Mem. Park 24b. LOCATION Klamath Falls, Oregon 24c. DATE (mo., day, year) 9-22-75			
25. FUNERAL DIRECTOR—SIGNATURE O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601 25a. NAME (type or print) O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601 25b. CITY or town Klamath Falls, Oregon 25c. STATE Oregon 25d. ZIP 97601			
26. REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR SEP 22 1975 26a. NAME (type or print) DATE RECEIVED BY STATE REGISTRAR 26b. CITY or town 26c. STATE 26d. ZIP			
27. RESERVED FOR REGISTRAR'S USE			

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 *Marianne Jackson*, Deputy Registrar
Date SEP 24 1975
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Calvin Cornett

this 23rd day of October A.D., 1975 at 4:16 o'clock P.M., and duly recorded in

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Witness to: *Calvin Cornett*
5640 Balsam Dr.
WM. D. MILNE, County Clerk
Fee \$3.00
Marianne Jackson, Deputy

FORM No. 716-1
1-1-74
KNOW ALL
hereinafter

FORM No. 725—SATISFACTION
TC

Record of Mortgage
on the 17
real property
A portion
Beginning
East line
beginning
feet: the
Volume 3
of 93.38
distance
a distance

'75 OCT 23 PM 4 26

In
grammatic
In
if a corp
order of

(If executed
offices)

STATE

County

City

State

Zip

Phone