

57 10272 STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section

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**CERTIFICATE OF DEATH**

Local File Number: 57 10272 State File Number: 76 FEB 17 PM 2 47

**DECEASED**

1. DECEASED-NAME: Lela M. Thurman  
2. DATE OF DEATH (month, day, year): February 12, 1976  
3. RACE (specify): White  
4. SEX: Female  
5. AGE-Last birthday (years): 68  
6. DATE OF BIRTH (month, day, year): January 26, 1908  
7. COUNTY OF DEATH: Klamath  
8. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls  
9. Inside City Limits (specify yes or no): No  
10. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number): 3307 Hilyard Ave.  
11. STATE OF BIRTH (if not in U.S.A., name country): January 26, 1908  
12. SOCIAL SECURITY NUMBER: 544-05-2970  
13. CITIZEN OF WHAT COUNTRY: U.S.A.  
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married  
15. NAME OF SPOUSE: Charles Thurman  
16. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): School Teacher  
17. KIND OF BUSINESS OR INDUSTRY: Education  
18. RESIDENCE-STATE: Oregon  
19. COUNTY: Klamath  
20. CITY, TOWN, OR LOCATION: Klamath Falls  
21. Inside City Limits (specify yes or no): No  
22. STREET AND NUMBER OR R.F.D.: 3307 Hilyard Ave.  
23. FATHER-NAME: Tom Ray  
24. MOTHER-Maiden Name: Jenny Carter  
25. INFORMANT-NAME and relationship to deceased: Charles Thurman, Husband

**CAUSE**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))  
(a) Cardio-Resp Failure  
(b) Cervicomegaly  
(c) Cd of Cervix + Retroperit. Fibrosarcoma  
19. approximate interval between onset and death: Terminal  
20. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 14 Mon's  
21. Known 4 yrs on chemo. therapy

**CERTIFIER**

22. PHYSICIAN-SIGNATURE: [Signature]  
23. NAME (type or print): Earle M. LeVernois  
24. degree or title: M.D.  
25. DATE SIGNED (month, day, year): Feb 16 '76  
26. MAILING ADDRESS-PHYSICIAN: 2628 Campus Dr., Klamath Falls, Oregon 97601  
27. CEMETERY OR CREMATORY-NAME: Eternal Hills Mem. Gard  
28. LOCATION: Klamath Falls, Oregon  
29. DATE (mo., day, year): 2-16-76  
30. FUNERAL DIRECTOR-SIGNATURE: [Signature]  
31. FUNERAL HOME-NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601  
32. REGISTRAR-SIGNATURE: [Signature]  
33. DATE RECEIVED BY LOCAL REGISTRAR: FEB 17 1976  
34. DATE RECEIVED BY STATE REGISTRAR: [Blank]

**BURIAL**

35. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial  
36. CEMETERY OR CREMATORY-NAME: Eternal Hills Mem. Gard  
37. LOCATION: Klamath Falls, Oregon  
38. DATE (mo., day, year): 2-16-76  
39. FUNERAL DIRECTOR-SIGNATURE: [Signature]  
40. FUNERAL HOME-NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601  
41. REGISTRAR-SIGNATURE: [Signature]  
42. DATE RECEIVED BY LOCAL REGISTRAR: FEB 17 1976  
43. DATE RECEIVED BY STATE REGISTRAR: [Blank]

VS-2 R-68

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: [Signature]  
Date: FEB 17 1976  
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.  
I hereby certify that the within instrument was received and filed for record on the 17th day of FEBRUARY A.D., 1976 at 2:47 o'clock P.M., and duly recorded in Vol. 76 of DEEDS on Page 2144.

WM. D. MILNE, County Clerk  
By: [Signature]  
3307 Hilyard Ave.  
Klamath Falls, Ore.