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356
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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State File Number

CERTIFICATE OF DEATH

DECEASED

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

1. DECEASED—NAME (First) MARY	(Middle) ILA	(Last) McKENZIE			2. DATE OF DEATH (month, day, year) October 15, 1975	
3. RACE (White, Negro, American Indian, etc. (specify)) White	4. SEX Female	5a. AGE—Last birthday (years) 56	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.	6. DATE OF BIRTH (month, day, year) August 1, 1919	
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) Oklahoma	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11. NAME OF SPOUSE Russell McKenzie			
12. SOCIAL SECURITY NUMBER 457 - 26 - 0766	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	13b. KIND OF BUSINESS OR INDUSTRY Homemaking				
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. 1453 Wilford		
15. FATHER—NAME first middle last Martin Dilbeck	16. MOTHER—Maiden Name first middle last Emma Anna Carr	17. INFORMANT—NAME and relationship to deceased Russell McKenzie - Husband				

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)	Pulmonary Embolism	45 min
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Spontaneous Thrombosis deep vein Vena Cava	3 weeks
due to, or as a consequence of: (c)	Operation for Total Knee Joint Replacement	3 weeks

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

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

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)
NO			
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: May 1 1971 TO month day year: Oct 15 1975 — And Last Saw Him/Her Alive on: month day year: Oct 15 1975 — I Did/Did Not view the body after death (specify): Did — DEATH OCCURRED (hour): 10:48 A.M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Jack N Martin M.D. — 22b. NAME (type or print) degree or Title: Jack N. Martin M.D. — 22c. DATE SIGNED (month, day, year): 17 Oct 1975

23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): 1036 S. 6th St. / Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town / state	24d. DATE (mo., day, year)
Burial	Eternal Hills Mem. Gar.	Klamath Falls, Oregon	Oct. 20, 1975

25a. FUNERAL DIRECTOR—SIGNATURE: James K. Ward — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S KLAMATH FUNERAL HOME, INC. - Box 287 - Oregon 97601 Klamath Falls,

26a. REGISTRAR—SIGNATURE: Marian I Sherman — 26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 17 1975 — 27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath } ss.

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 Marian I Sherman Deputy Registrar
Date OCT 20 1975 19

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 19th day of APRIL A.D., 19 76 at 3:43 o'clock P.M., and duly recorded in Vol. M 76, of DEEDS on Page 5637.

WM. D. MILNE, County Clerk

By Hazel L. Jones Deputy

FEE $ 3.00

Ret: Mckenzie
Russell
1453 Wilford
Klam
97601