13542 STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

164 Local File Number

CERTIFICATE OF DEATH

'76 MAY 7 PM 2 48 M Vol. 76 Page 6841

DECEASED

Field	Entry
1. Deceased Name (First, Middle, Last)	VICTOR PAUL ALBERT
2. Date of Death (month, day, year)	May 2, 1976
3. Race (White, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age—Last birthday (years)	57
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	April 23, 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)	Minnesota
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Murella Albert
12. Social Security Number	476-01-6273
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Carpenter
13b. Kind of Business or Industry	Construction

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

Field	Entry
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.	607 Prescott
15. Father—Name (first, middle, last)	John - Albert
16. Mother—Maiden Name (first, middle, last)	Sena - Koster
17. Informant—Name and relationship to deceased	Murella Albert (Wife)

CAUSE

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

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18.	Cause	Approximate interval between onset and death
(a) immediate cause	Cardio-Resp. Failure	Terminal
(b) due to, or as a consequence of:	Met ed To liver - lungs	Known 3 mon's
(c) due to, or as a consequence of:	I° Ca of rectum	Known 3 mon's

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

19a. Autopsy (yes or no): No
19b. If yes were findings considered in determining cause of death:

Field	Entry
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: Oct 2 '75 to May 2 '76. And last saw him/her alive on: May 2 '76. I Did/Did Not view the body after death (specify): Did. Death occurred (hour): 9:44 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature: [signature] M.D.
22b. Name (type or print): Earle M. LeVernois, M.D.
22c. Date Signed (month, day, year): May 3 '76

23. Mailing Address—Physician: 2628 Campus Drive, Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Burial
24b. Cemetery or Crematory—Name: Klamath Memorial Park
24c. Location: Klamath Falls, Oregon
24d. Date (mo., day, year): May 5, 1976

25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address: Ward's Klamath Funeral Home Inc, Klamath Falls, Ore. 97601

26a. Registrar—Signature: [signature]
26b. Date Received by Local Registrar: MAY 3 1976
27. Date Received by State Registrar:
28. Reserved for Registrar's Use

VS-2 R-67

Ret. Murella Albert
607 Prescott
City

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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date MAY 3 1976 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 7th day of May A.D., 19 76 at 2:48 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 6841.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00

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