14351 STATE OF OREGON — HEALTH DIVISION

Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 80

State File Number 7951

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DECEASED

DECEASED—NAME	First	Middle	Last	DATE OF DEATH (month, day, year)
1. RACE (White, Negro, American Indian, etc. (specify)	THELIA	ELIZABETH	WHITLATCH	May 19, 1976
2. COUNTY OF DEATH	SEX	AGE—Last birthday (years)	Under 1 year mos. / Under 1 day days / Under 1 day hours	DATE OF BIRTH (month, day, year)
3. White	4. Female	85	5b. 5c.	January 21, 1891
4. CITY, TOWN, OR LOCATION OF DEATH			5a.	6.
Klamath	Klamath Falls		Inside City Limits (specify yes or no) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Washburn Manor
7a. STATE OF BIRTH (If not in U.S.A., name country)	7b. CITIZEN OF WHAT COUNTRY	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	10. KIND OF BUSINESS OR INDUSTRY
Oregon	USA	Widowed	Housewife	-
11. SOCIAL SECURITY NUMBER	12. RESIDENCE—STREET AND NUMBER	CITY, TOWN, OR LOCATION	Inside City Limits (specify yes or no)	13a. STREET AND NUMBER OR R.F.D.
540-40-2194	At home	Klamath Falls	Yes	1101 Mitchell
13b. NAME OF SPOUSE	14a. FATHER—NAME first middle last	14b.	14c. MOTHER—Maiden Name first middle last	14d. INFORMANT—NAME and relationship to deceased
-	Thomas - Sprenger	Klamath	Elizabeth Jane May	Paul Whitlatch (Son)

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

CAUSE

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

		approximate interval between onset and death
15. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(a) immediate cause: Coulon and Respiratory Arrest	3-5 minutes
	(b) due to, or as a consequence of: Cerebrovascular accident	5 weeks
	(c) due to, or as a consequence of:	

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

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)	AUTOPSY (yes or no)
19a. NO	20a.	20c.		19b.
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)		IF YES were findings considered in determining cause of death
	20b.	20d.		

CERTIFIER

CERTIFICATION— PHYSICIAN: I attended the deceased from:	month	day	year	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)
20e.	20f.			20g.			20h.			20i.	6:30

21. PHYSICIAN—SIGNATURE AND TITLE: Glenn M. Gaillie M.D.

MAILING ADDRESS—PHYSICIAN: ME

22a. NAME (type or print): Glenn C. Gaillis, M.D.

22b. street: 1905 Main Street, Klamath Falls, Oregon 97601 — city or town, state, zip

degree or Title

DATE SIGNED (month, day, year): 5/19/76

22c.

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUK (specify)	24a. CEMETERY OR CREMATORY—NAME	24b.	24c. LOCATION city or town	state
Burial	Klamath Memorial Park		Klamath Falls, Oregon	97601
24d. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS (street, city or town, state, zip)	FUNERAL HOME—NAME AND ADDRESS		DATE (mo., day, year)	
Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601			May 24, 1976	

25a. REGISTRAR—SIGNATURE: Marian Peterson

25b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1976

26a. RESERVED FOR REGISTRAR'S USE

26b. DATE RECEIVED BY STATE REGISTRAR: MAY 28 10 37 AM '76

27.

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.

(SEAL)

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

By Marian Peterson, Deputy Registrar

Date MAY 20 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 20th day of May A.D., 19 76 at 10:37 o'clock A. M., and duly recorded in Vol M76 of Deeds on Page 7951.

BOARD OF COUNTY COMMISSIONERS KLAMATH COUNTY STATE OF OREGON

WM. D. MILNE, County Clerk

By Deputy

FEE 3.00