MTC 566-2045

16741

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'76-000453

11293

8
Local File Number

CERTIFICATE OF DEATH Vol. M 76 Page 11293

DECEASED—NAME: 1. First: VENETA Middle: EUGENE Last: FOSTER

2. DATE OF DEATH (month, day, year): January 7, 1976

3. RACE White, Negro, American Indian, etc. (specify): White

4. SEX: Female

5a. AGE—Last birthday (years): 62

5b. Under 1 year (mos.): 5c. Under 1 day (hours / min.):

6. DATE OF BIRTH (month, day, year): March 13, 1913

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): Nebraska

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. NAME OF SPOUSE: Edward Foster

12. SOCIAL SECURITY NUMBER: 510 - 14 - 2979

13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

13b. KIND OF BUSINESS OR INDUSTRY: Homemaker

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.: 7626 Delaware St.

15. FATHER—NAME first middle last: Thomas Moore

16. MOTHER—Maiden Name first middle last: Vera Bergsma

17. INFORMANT—NAME and relationship to deceased: Gwen Hall — Daughter

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. (a) immediate cause: Kaposi's Sarcoma — Interval between onset and death: Unknown

due to, or as a consequence of:

(b) Carcinoma Breast — Interval between onset and death: 3yrs Some

due to, or as a consequence of:

(c)

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

ACCIDENT (specify yes or no): No

20a. DATE OF INJURY (month, day, year): 20b.

20c. HOUR: A.M.

20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):

INJURY AT WORK (specify yes or no): 20c.

20e. PLACE OF INJURY at home, farm, street, factory, office bldg.; etc. (specify): 20f.

20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: 9/15/75 to month day year: 1/7/76

And Last Saw Him/Her Alive on: month day year: 12/30/75

I Did/Did Not view the body after death (specify):

DEATH OCCURRED (hour): 4:35 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: [signature]

NAME (type or print): Yale Sacks

degree or Title: M.D.

DATE SIGNED (month, day, year): 1-9-76

22a. MAILING ADDRESS—PHYSICIAN: street: [illegible] Road - Room #109 city or town: Medford, state: Oregon zip: 97501

22b. 22c.

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

CEMETERY OR CREMATORY—NAME: 24b. Eternal Hills Mem. Pk.

LOCATION city or town, state: 24c. Klamath Falls, Oregon

DATE (mo., day, year): 24d. Jan. 12, 1976

FUNERAL DIRECTOR—SIGNATURE: 25a. [signature]

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. WARDS KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601 Klamath Falls

REGISTRAR—SIGNATURE: 26a. [signature]

DATE RECEIVED BY LOCAL REGISTRAR: 26b. JAN 13 1976

DATE RECEIVED BY STATE REGISTRAR: 27. JAN 20 1976

RESERVED FOR REGISTRAR'S USE: 28.

VS-2 R-69

DATE ISSUED JULY 23 1976

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR [signature]

Return to Mountain Title Co.

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of JULY A.D., 19 76 at 11:29 o'clock AM., and duly recorded in Vol M 76, of DEEDS on Page 11293.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragt Deputy