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STATE OF OREGON–STATE HEALTH DIVISION

Vol. M76 Page 19465

Vital Statistics Section

402
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED–NAME First: RUBY Middle: JANE Last: MATHIAS
2. DATE OF DEATH (month, day, year): November 26, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE–last birthday (years): 46
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): January 17, 1930
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Highway # 58
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): Milepost # 64.4

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

8. STATE OF BIRTH (if not in U.S.A., name of country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Gerald Mathias, Sr.
12. SOCIAL SECURITY NUMBER: 534 - 26 - 7074
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): No
14e. STREET AND NUMBER OR RFD: 1650 Arthur St.
15. FATHER–NAME first middle last: Rudy Fluckiger
16. MOTHER–Maiden Name first middle last: Bertha Roth
17. INFORMANT–Name and relationship to deceased: Gerald Mathias, Sr. - Husb.

CAUSE

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

18. Immediate Cause
(a) Traumatic head injuries — approximate interval between onset and death: instant
due to, or as a consequence of:
(b)
due to or as a consequence of:
(c)

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

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

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): Nov. 26, 1976
20b. HOUR: AM 11:30
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Passenger in Pickup truck skidded off road into tree
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Highway # 58
20f. LOCATION (street or R.F.D. No., city or town, county, state): Milepost 64.4/Odell Lake/Klamath/ Oregon

CERTIFICATION–MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 11:30 A M.
21b. THE DECEDENT WAS PRONOUNCED DEAD month day year hour: Nov. 26, 1976 11:35A M.
21c. FROM: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER–SIGNATURE: Veldon C Boge MD
22b. NAME–(type or print): Veldon C. Boge — Degree or Title: MD

MEDICAL INVESTIGATOR: FOR: KLAMATH COUNTY
DATE SIGNED (month, day, year): November 30, 1976

BURIAL

24. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Removal/Burial
24b. CEMETERY OR CREMATORY–NAME: Fir Lawn
24c. LOCATION city or town state: Toledo, Washington
24d. DATE (month, day, year): Nov. 30, '76
25. FUNERAL DIRECTOR–SIGNATURE: Lewis K. Ward
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601

26a. REGISTRAR–SIGNATURE: Maurine Scherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 30, 1976
27. DATE RECEIVED BY STATE REGISTRAR: Gerald Mathias 1650 Arthur City

28. RESERVED FOR REGISTRAR'S USE

VS-107 REV.- 2-73

ORIGINAL–VITAL STATISTICS COPY

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 Maurine Scherman, Deputy Registrar
Date NOV 30 1976 19

(SEAL)

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 3rd day of DECEMBER A.D., 19 76 at 2:52 o'clock P.M., and duly recorded in Vol M-76, of DEEDS on Page

WM. D. MILNE, County Clerk

By Joyce Mace Deputy

FEE $ 3.00