

22729

RECEIVED

Certificate of Death Page 19813

5322

State File No. 5322
Local Reg. No. 352
Reg. Dist. No. 352

1. PLACE OF DEATH a. COUNTY <u>Boise</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Idaho City</u>		c. LENGTH OF STAY (In this place) <u>Hours</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Centerville Summit</u>		d. STREET ADDRESS (If rural, give location) <u>1318 North 23rd Street</u>	
3. NAME OF DECEASED a. (First) <u>KALMAN</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>PELL</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>Nov. 11, 1975</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 5, 1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanical Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>University</u>	
11. BIRTHPLACE (State or foreign country) <u>South Bend, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Kalman Pell</u>		14. MOTHER'S MAIDEN NAME <u>Veronica Kolozsar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>294-05-4745</u>	
17. DECEASED'S OWN SIGNATURE <u>Katherine Pell</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) <u>4109</u> MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> ANTECEDENT CAUSES Morbidity conditions, if any, due to (b) giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Idaho City Boise Idaho</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Idaho City Boise Idaho</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>Natural causes</u>			
22. I hereby certify that I attended the deceased from <u>4:00 PM</u> on <u>11-11-75</u> , and that death occurred at <u>4:00 PM</u> on <u>11-11-75</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Michael L. Johnson</u>		23b. ADDRESS <u>405 Allamuchy</u>	
23c. DATE SIGNED <u>11-20-75</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>11-11-75</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mtn. View Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>11/22/75</u>		REGISTRAR'S SIGNATURE <u>Budwig A. Craig</u>	
FIRM NAME <u>SUMMERS FUNERAL HOME</u>		LICENSE NO. <u>M-410</u>	

State of Idaho. }
County of Ada }

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

APR 19 1976

Date Issued

Stacomine
635 Main
City

State Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of DECEMBER A.D., 19 76 at 3:58 o'clock P.M., and duly recorded in Vol. M 76 of DEEDS on Page 19813.

FEE \$ 3.00.

WM. D. MILNE, County Clerk

By Hazel Draz Deputy