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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 66 000419
DATE RECEIVED FEB 10 1966

LOCAL REGISTRAR'S NUMBER 27

1. NAME OF DECEASED: Ina Mildred Lahoda
2. PLACE OF DEATH: a. COUNTY Klamath; b. CITY, TOWN OR LOCATION Klamath Falls; c. LENGTH OF STAY IN 2b 30 yrs; d. NAME OF HOSPITAL OR INSTITUTION Ponderosa Nursing Home
3. USUAL RESIDENCE: a. STATE Oregon; b. COUNTY Klamath; c. CITY, TOWN OR LOCATION Sprague River; d. STREET ADDRESS, RURAL ROUTE, ETC. Box 274 Sprague River
4. DATE OF DEATH: Jan. 24 1966
5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARITAL STATUS: Married
8. SOCIAL SECURITY NO.: 542-38-9361
9. USUAL OCCUPATION: Housewife
10. KIND OF BUSINESS OR INDUSTRY: ---
11. NAME OF SPOUSE: Joe Lahoda
12. DATE OF BIRTH: May 4 1909
13. AGE LAST BIRTHDAY: 56
14. BIRTHPLACE: North Dakota
15. WAS DECEASED A CITIZEN OF: [illegible]
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: Milo Shipman
18. MAIDEN NAME OF MOTHER: -- Wolfard
19. INFORMANT'S NAME AND RELATIONSHIP: Joe Lahoda, Husband

20. CAUSE OF DEATH — PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): metastatic Cancer of [illegible] — 4 yrs.
DUE TO (B):
DUE TO (C):
PART II. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a)
21. If deceased was Female, was there a pregnancy in the past 12 months? No
22. Was an Autopsy performed? No
23. WAS DEATH RESULT OF: Accident / Suicide / Homicide
24. IF ACCIDENT DID INJURY OCCUR: At Work / Not At Work
25A. PLACE OF INJURY
25B. City / County / State
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I attended the deceased from 1-1-66 to 1/24/66 and that the death occurred at 5:07 AM from the causes and on the date stated above.
(Signature) [illegible] (Title) [illegible] (Address) Klamath Falls (Date Signed) 1-25-66
29. RESERVED FOR REGISTRAR'S USE: 1962
30. BURIAL; DATE 1/26/66; NAME OF CEMETERY Eternal Hills Mem. Grds. Klamath Falls, Or
31. REGISTRAR'S SIGNATURE [illegible]
32. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O'Hair's 515 Pine Klamath Falls Ore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

DATE ISSUED May 11 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.

Ret. Joe Lahoda
203 Pacific Lane
Klamath Falls, Or.

STATE REGISTRAR
[signature]

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 31st day of January A.D., 19 77 at 3;17 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 1749.

WM. D. MILNE, County Clerk

FEE $ 3.00

By [signature] Deputy