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26118 CERTIFICATE OF DEATH 0700 493

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—first name	HELEN
1b. Middle name	LILLY
1c. Last name	HOUSE
2a. Date of death	February 22, 1977
2b. Hour	10:00 A.M.
3. Sex	Female
4. Color or race	White
5. Birthplace	Arkansas
6. Date of birth	September 26, 1909
7. Age	67 years
8. Name and birthplace of father	Joseph S. Letsinger - Tennessee
9. Maiden name and birthplace of mother	Elizabeth R. Johnson - Arkansas
10. Citizen of what country	U. S. A.
11. Social security number	540-28-7720
12. Married, never married, widowed, divorced	Widowed
13. Name of surviving spouse	N/A
14. Last occupation	Homemaker
15. Number of years in this occupation	Adultlife
16. Name of last employing company or firm	Self - Employed
17. Kind of industry or business	Homemaking

PLACE OF DEATH

Field	Entry
18a. Place of death	John Muir Memorial Hospital
18b. Street address	1601 Ygnacio Valley Road
18c. Inside city corporate limits	Yes
18d. City or town	Walnut Creek
18e. County	Contra Costa
18f. Length of stay in county of death	3 Months
18g. Length of stay in California	3 Months

USUAL RESIDENCE (If death occurred in institution, enter residence before admission)

Field	Entry
19a. Usual residence—street address	Route #2 Box 355
19b. Inside city corporate limits	No
19c. City or town	Klamath Falls
19d. County	Klamath
19e. State	Oregon
20. Name and mailing address of informant	Charles L. House *son* 1780 Sargent Road Concord, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21a. Coroner	
21b. Physician: from / to / last seen	2-11-77 / 2-22-77 / 2-22-77
21c. Physician or coroner—signature	Michael J. Cohen
21d. Date signed	2.22.77
21e. Address	130 La Casa Via Walnut Creek, California
21f. Physician's California license number	G28277

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	Burial
22b. Date	2/25/1977
23. Name of cemetery or crematory	Klamath Mem Cem Klamath Falls
24. Embalmer—signature / license number	[signature] 5632
25. Name of funeral director	Oak Park Hills Chapel
26. If not certified by coroner, was death referred to coroner	No
27. Local registrar—signature	Arlyn H. Wood, M.D. Jr
28. Date accepted for registration	FEB 22 1977

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. Part I. Death was caused by: (enter only one cause per line for A, B, and C)

	Cause	Approximate interval between onset and death
(A) Immediate cause	Respiratory failure	yrs.
(B) Due to, or as a consequence of	Chronic Obstructive Lung Disease	
(C) Due to, or as a consequence of		

30. Part II. Other significant conditions: Cor Pulmonale

31. Was operation or biopsy performed: no
32a. Autopsy: no

INJURY INFORMATION

33. Specify accident, suicide or homicide — 34. Place of injury — 35. Injury at work — 36a. Date of injury — 36b. Hour — 37a. Place of injury — 37b. Distance from place of injury to usual residence — 38. Were laboratory tests done for drugs or toxic chemicals — 39. Were laboratory tests done for alcohol — 40. Describe how injury occurred

STATE REGISTRAR A. B. C. D. E. F.

CERTIFICATION STATEMENT: THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF FACTS RECORDED ON THE DEATH RECORD OF THE ABOVE NAMED DECEDENT AS REGISTERED IN THIS OFFICE.

SIGNATURE OF CERTIFYING OFFICIAL: Arlyn H. Wood M.D. Jr — OFFICIAL TITLE: Local Registrar

PLACE OF CERTIFICATION: Contra Costa County Health Department Martinez, California — DATE OF CERTIFICATION: FEB 22 1977

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

Ret: H. D. Smith / 540 Main / City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of MARCH A.D., 1977 at 11;22 o'clock A M., and duly recorded in Vol M 77, of DEEDS on Page 3566.

WM. D. MILNE, County Clerk

FEE $ 3.00 By [signature] Deputy

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