26929

STATE OF OREGON—HEALTH DIVISION
Vital Statistics Section

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78
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Field	Entry
DECEASED—NAME (First, Middle, Last) 1.	Blanche Ellen Balsiger
DATE OF DEATH (month, day, year) 2.	March 16, 1977
RACE White, Negro, American Indian, etc. (specify) 3.	White
SEX 4.	Female
AGE—last birthday (years) 5a.	69
Under 1 year (mos., days) 5b. / Under 1 day (hours, min.) 5c.	
DATE OF BIRTH (month, day, year) 6.	October 21, 1907
COUNTY OF DEATH 7a.	Klamath
CITY, TOWN, OR LOCATION OF DEATH 7b.	Klamath Falls
Inside City Limits (specify yes or no) 7c.	Yes
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d.	1100 Eldorado Ave.
STATE OF BIRTH (if not in U.S.A., name country) 8.	Kansas
CITIZEN OF WHAT COUNTRY 9.	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10.	Widowed
NAME OF SPOUSE 11.	-
SOCIAL SECURITY NUMBER 12.	541-09-8642
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a.	Homemaker
KIND OF BUSINESS OR INDUSTRY 13b.	-
RESIDENCE—STATE 14a.	Oregon
COUNTY 14b.	Klamath
CITY, TOWN, OR LOCATION 14c.	Klamath Falls
Inside City Limits (specify yes or no) 14d.	Yes
STREET AND NUMBER OR R.F.D. 14e.	1100 Eldorado Ave.
FATHER—NAME (first, middle, last) 15.	George Harmon
MOTHER—Maiden Name (first, middle, last) 16.	Clara Smedley
INFORMANT—NAME and relationship to deceased 17.	Randall F. Balsiger, son

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

CAUSE

PART I. 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))	approximate interval between onset and death
immediate cause (a) Cardiac arrest	minutes
due to, or as a consequence of: (b) Arteriosclerotic Heart Disease	years
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): Chronic alcoholism + severe generalized debility

AUTOPSY (yes or no) 19a. no — IF YES were findings considered in determining cause of death 19b.

ACCIDENT (specify yes or no) 20a. — DATE OF INJURY (month, day, year) 20b. — HOUR 20c. M. — HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.

INJURY AT WORK (specify yes or no) 20e. — PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. — LOCATION (street or R.F.D. No., city or town, county, state) 20g.

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from Nov. 7, 1970 to March 16, 1977. And Last Saw Him/Her Alive on: 12 8 76. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour) 6:55 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Kenneth K. Magee — 22b. NAME (type or print): Kenneth K. Magee — Degree or Title: M.D. — 22c. DATE SIGNED (month, day, year): Mar. 17, 1977

ME

23. MAILING ADDRESS—PHYSICIAN: Medical Dentl. Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation — 24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory — 24c. LOCATION: Klamath Falls, Oregon — 24d. DATE (mo., day, year): 3-17-77

25a. FUNERAL DIRECTOR—SIGNATURE: [illegible] — 25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: [illegible] — 26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 1? 1977 — 27. DATE RECEIVED BY STATE REGISTRAR: [illegible] 540 Main City

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 [signature] Deputy Registrar
Date MAR 1 8 1977 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 21st day of MARCH A.D., 19 77 at 10:20 o'clock A.M., and duly recorded in Vol M 77, of DEEDS on Page 4631

WM. D. MILNE, County Clerk
By [signature]

FEE $ 3.00