STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

27344

Local File Number 137

CERTIFICATE OF DEATH

State File Number

DECEASED

1. NAME — First: Lorraine; Middle: G.; Last: Kaufman
2. DATE OF DEATH (month, day, year): May 13, 1974
3. SEX: Female
4. DATE OF BIRTH (month, day, year): April 2, 1919
5. AGE — Last birthday (years): 55; Under 1 year, mos.: 5b.; days: 5c.; Under 1 day, hours: min.:
6. COUNTY OF DEATH: Klamath
7. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8. INSIDE CITY LIMITS (specify yes or no): NO
9. HOSPITAL OR OTHER INSTITUTION — NAME (If not in hospital, give street number and name): 7d. Box 56C Harriman Rt.
10. STATE OF BIRTH (If not in U.S.A., name country): Minnesota
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
13. SOCIAL SECURITY NUMBER: 475-10-3920 A
14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Machine Operator
15. KIND OF BUSINESS OR INDUSTRY: Aircraft Manufacturing
16. USUAL RESIDENCE (where deceased lived; if institution, give residence before admission) — STREET AND NUMBER OR R.F.D.: Box 56C Harriman Rt.
17. CITY, TOWN, OR LOCATION: Klamath Falls
18. INSIDE CITY LIMITS (specify yes or no): YES
19. NAME OF SPOUSE: Harold E. Kaufman
20. FATHER — NAME first middle last: John S. Hanson
21. MOTHER — Maiden Name first middle last: Hannah Marie Olson
22. INFORMANT — NAME and relationship to deceased: Harold E. Kaufman, Husband
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24. CEMETERY OR CREMATORY — NAME: Klamath Mem. Park; LOCATION — city or town, state: Klamath Falls, Oregon
25. FUNERAL DIRECTOR — NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26. REGISTRAR — SIGNATURE: Mae E. Gillis
RESERVED FOR REGISTRAR'S USE
DATE RECEIVED BY LOCAL REGISTRAR: MAY 15 1974
DATE RECEIVED BY STATE REGISTRAR: MAY 29 PM 2 23

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)
Immediate cause (a): Myocardial infarction
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of (b): Coronary Arteriosclerosis
due to, or as a consequence of (c):

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
ACCIDENT (specify yes or no)				19a. No	19b.
INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		LOCATION (street or R.F.D. No., city or town, county, state)		

CERTIFIER

20a. CERTIFICATION — PHYSICIAN: I attended the deceased from: month day year — And Last Saw Him/Her Alive on: month day year — 20b. I Did/Did Not view the body after death (specify) — DEATH OCCURRED (hour)
21. PHYSICIAN — SIGNATURE: Blake Berven M.D. — NAME (type or print): Blake Berven — degree or Title
22a. MAILING ADDRESS — PHYSICIAN: Medical Dentl. Bld., Klamath Falls, Oregon — DATE SIGNED (month, day, year)
22b. street — 22c. city or town, state, zip

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial — 24a. CEMETERY OR CREMATORY — NAME: Klamath Mem. Park — 24b. LOCATION — city or town, state: Klamath Falls, Oregon — 24c. DATE (mo., day, year): 5-17-74
25a. FUNERAL DIRECTOR — SIGNATURE: Mae E. Gillis — 25b. FUNERAL HOME — NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR — SIGNATURE: Maxine Ackerman — 26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 15 1974 — 27. DATE RECEIVED BY STATE REGISTRAR
RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

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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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Maxine Ackerman, Deputy Registrar
Date MAY 17 1974 19
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 29th day of MARCH A.D., 19 77 at 2:23 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 5229.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Drago Deputy