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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

75
Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEASED**

1. DECEASED—NAME First: Laura Middle: Mildred Last: Cupernall
2. DATE OF DEATH (month, day, year): March 14, 1977
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 65
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): May 28, 1911
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.

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

8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: William Cupernall
12. SOCIAL SECURITY NUMBER: 543-18-6090 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: –
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 731½ Fulton St.
15. FATHER—NAME first middle last: Oliver H. Little
16. MOTHER—Maiden Name first middle last: Myrtle Johnson
17. INFORMANT—NAME and relationship to deceased: Marjorie Gansberg, daughter

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
- (a) immediate cause: Pneumonia — 12 hours
- (b) due to, or as a consequence of: Severe rheumatoid arthritis with arteritis — Years
- (c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Chronic steroid therapy
AUTOPSY (yes or no): yes (19a.)
IF YES were findings considered in determining cause of death: yes (19b.)

1. ACCIDENT (specify yes or no) 20a.
2. DATE OF INJURY (month, day, year) 20b.
3. HOUR 20c. M.
4. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.
5. INJURY AT WORK (specify yes or no) 20e.
6. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.
7. LOCATION (street or R.F.D. No., city or town, county, state) 20g.

**CERTIFIER**

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year Nov. 28, 1973 to month day year March 14, 1977
- And Last Saw Him/Her Alive on: Mar. 13, 1977
- I Did/Did Not View the body after death (specify): did
- DEATH OCCURRED (hour): 3:30 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Blake Berven
22b. NAME (type or print): Blake Berven
degree or Title: M.D.
22c. DATE SIGNED (month, day, year): March 15, 1977
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 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 city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 3-15-77
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

4. REGISTRAR—SIGNATURE: Marjorie Ackerman
26a.
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 1 0 1977
27. DATE RECEIVED BY STATE REGISTRAR: Wm. Cupernall
5. RESERVED FOR REGISTRAR'S USE
6. 28. 731½ Fulton City

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 Marjorie Ackerman Deputy Registrar
Date MAR 1 0 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 6 day of April A.D., 19 77 at 3:41 o'clock P M., and duly recorded in Vol. M 77 of Deeds on Page 5774.

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

FEE 3.00