

32600 209 CERTIFICATE OF DEATH 17 101 Page 12622

STATE OF OREGON - HEALTH DIVISION
443 Subtitle Section 111

Local File Number State File Number

DECEASED - NAME: Rhena B. Howry

RACE: White, American Indian, etc. (Specify): White

SEX: Female

AGE: Last birthday (years): 76

CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

DATE OF BIRTH (month, day, year): June 17, 1917

DATE OF DEATH (month, day, year): March 7, 1991

STATE OF BIRTH (if not in U.S., name country): Colorado

SOCIAL SECURITY NUMBER: 541-36-9150 B

RESIDENCE - STATE: Oregon

CITY, TOWN, OR LOCATION: Klamath Falls

INSIDE CITY LIMITS (Specify yes or no): Yes

KIND OF BUSINESS OR INDUSTRY: Nursing

NAME OF SPOUSE: Charles W. Howry

FATHER - NAME: Edgar Tomlin

MOTHER - Maiden Name: Jeanette McPheters

INFORMANT - NAME and relationship to deceased: Charles W. Howry, Husband

DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

(a) Immediate cause: Cerebral Vascular Accident

(b) Condition, if any, which gave rise to (a) due to, or as a consequence of: 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)

1. ACCIDENT: DATE OF INJURY: HOUR: HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

2. INJURY AT WORK: PLACE OF INJURY at home, farm, street, factory, etc. (Specify): LOCATION: (street or R.F.D. No., city or town, county, state)

3. CERTIFICATION: month day year month day year And last Saw Him/Her Alive on: month day year view the body after death (Specify): DEATH OCCURRED at the place, on the date, and, to the extent, of the cause(s) stated.

21. PHYSICIAN - SIGNATURE: NAME (Type or print): degree or title: DATE SIGNED (month, day, year):

22. PHYSICIAN - SIGNATURE: NAME (Type or print): degree or title: DATE SIGNED (month, day, year):

23. BIRTHAL CREATION, REMOVAL, MAINT. (Specify): Cemetery or Crematory - NAME: LOCATION: city or town, state: DATE (mo., day, year):

24. BIRTHAL CREATION, REMOVAL, MAINT. (Specify): Cemetery or Crematory - NAME: LOCATION: city or town, state: DATE (mo., day, year):

25. REGISTRAR - SIGNATURE: DATE RECEIVED BY LOCAL REGISTRAR: DATE RECEIVED BY STATE REGISTRAR:

26. RESERVED FOR REGISTRAR'S USE

US 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.

MARJORIE S. COMER, Registrar Vital Statistics

By Marian McPherson, Deputy Registrar
Date JUN 2 9 1977

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 18th day of JULY A.D., 19 77 at 11:17 o'clock A M., and duly recorded in Vol. M77, of DEEDS on Page 12622.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Pat McCullough, Deputy

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