

33273

432

CERTIFICATE OF DEATH

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

77 JUL 29 PM 3 59

Vol. 99 Page 13659

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
ELsie		LUSIE		LUSIE		LUSIE		December 22, 1976	
RACE (Specify)		SEX		AGE (last birthday, years)		DATE OF BIRTH (month, day, year)			
White		Female		75		Under 1 year			
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		CITY, TOWN, OR LOCATION OF BIRTH		CITY, TOWN, OR LOCATION OF DEATH			
Klamath		Klamath Falls		Klamath Falls		Klamath Falls			
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)			
Nebraska		USA		Married		Washburn Manor			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		NAME OF SPOUSE			
542 - 44 - 3993		Housewife		Homemaker		Ladimer Lukes			
RESIDENCE - STATE		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes or No)		STREET AND NUMBER OR R.F.D.			
Oregon		Klamath		No		3738 Crest			
FATHER - NAME		MOTHER - Maiden Name		FIRST		MIDDLE		LAST	
Albert Habrich		Mary Prihl		Edward		Lukes		- Son	
PART I - DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)							
(a) Respiratory Arrest		(b) Coronary Vascular Disease		(c) Longstanding Cardiac Arrhythmia					
CAUSE		PART II - OTHER SIGNIFICANT CONTRIBUTION TO DEATH (not related to cause given in Part I (a), (b), and (c))							
1. ACCIDENT		DATE OF INJURY		HOURS		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
2. DISEASE		DATE OF ONSET		HOURS		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
3. HISTORY AT WORK		DATE OF INJURY AT WORK		HOURS		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
4. CERTIFICATION		DATE		HOURS		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
5. BURIAL		DATE		HOURS		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
6. SIGNATURE		DATE		HOURS		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
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STATE OF OREGON
County of Klamath

(SEAL)

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 Marianne Chapman, Deputy RegistrarDate DEC 27 1976

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 29 day of July A.D., 19 77 at 3:59 o'clock P M., and duly recorded in Vol. 99 of Deeds on Page 13659.

FEE \$3.00

WM. D. MILNE, County Clerk

By Hazel Drazic DeputyAfter recording
Until a change is required
JUL 1980
Klamath