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Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

# CERTIFICATE OF DEATH

Vol. M77 Page 17171

State File Number

**DECEASED**

1. DECEASED—NAME: First GLADYS; Middle EVELYN; Last DENNING
2. DATE OF DEATH (month, day, year): August 25, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 59
5b. If Under 1 year: mos. ___ days ___
5c. If Under 1 day: hours ___ min. ___
6. DATE OF BIRTH (month, day, year): September 1, 1917
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: E. John Denning
12. SOCIAL SECURITY NUMBER: 365 - 26 - 0999
13. KIND OF BUSINESS OR INDUSTRY: Housewife
14. RESIDENCE—STATE: Oregon
15. COUNTY: Klamath
16. CITY, TOWN, OR LOCATION: Klamath Falls
17. Inside City Limits (specify yes or no): No
18. STREET AND NUMBER OR R.F.D.: 1235 Clinton Avenue
19. FATHER—NAME: first Isadore middle - last Groleau
20. MOTHER—Maiden Name: first Martha middle - last Poquette
21. INFORMANT—NAME and relationship to deceased: E. John Denning (husband)
22. PLACE OF DEATH (enter only one): At home ... approximate interval between onset and death

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

**CAUSE**

PART I. DEATH WAS CAUSED BY:

| | Immediate cause | Approximate interval between onset and death |
|---|---|---|
| (a) | due to, or as a consequence of: | |
| (b) | due to, or as a consequence of: | |
| (c) | | |

Conditions, if any, which gave rise to 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).

23. If YES were findings considered in determining cause of death? No
24. AUTOPSY (yes or no)? No
25. If female: Not pregnant within past year / Pregnant at time of death / Not pregnant, but within 90 days of death / 43 days to 1 year before death
26. DATE OF INJURY (month, day, year)
27. HOUR
28. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18b)
29. INJURY AT WORK (specify yes or no)
30. PLACE OF INJURY—at home, farm, street, factory, office bldg., etc. (specify)
31. LOCATION (street or R.F.D. No., city or town, county, state)
32. ACCIDENT, SUICIDE, HOMICIDE (specify yes or no)

**CERTIFIER**

33. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year to: month day year. And last saw him/her alive on: month day year. I did/did not view the body after death (specify)
34. PHYSICIAN—SIGNATURE AND TITLE: Kenneth K. Kage, M.D.
35. NAME (type or print): Kenneth K. Kage, M.D.
36. MAILING ADDRESS—PHYSICIAN: Medical Dental Building, Klamath Falls, Oregon 97601
37. DEGREE OR TITLE
38. DEATH OCCURRED (hour): 5:20 A.M.
39. DATE SIGNED (month, day, year): Aug 29 1977

**BURIAL**

40. BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial
41. CEMETERY OR CREMATORY—NAME: Eternal Hills
42. LOCATION—city or town, state: Klamath Falls, Oregon
43. FUNERAL DIRECTOR—SIGNATURE: Hard's Klamath Funeral Home Inc., Klamath Falls, Oregon
44. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Klamath Falls, Oregon 97601
45a. REGISTRAR—SIGNATURE: [signature]
45b. DATE RECEIVED BY LOCAL REGISTRAR: 8-25-77
46. DATE RECEIVED BY STATE REGISTRAR: Aug 26, 1977
47. Klamath Falls, Ore. 97601
48. RESERVED FOR REGISTRAR'S USE
49. DATE RECEIVED BY STATE REGISTRAR

VS-2 P-69

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of record of death on file with the Klamath County Department of Health.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Judie A. Harrison, Deputy Registrar
Dated Aug. 26 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 14th day of SEPTEMBER A.D., 1977 at 4:05 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 17171.

FEE $3.00

WM. D. MILNE, County Clerk

By Samantha M. Libolt Deputy