1- 36408 '77 SEP 21 PM 3 ADL Vol. M77 Page 17725

50-15221

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

378 (Local File Number) **CERTIFICATE OF DEATH** 71-18781 (State File Number)

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME: First ALFREDA | Middle ### | Last ROSE | | 2. DATE OF DEATH (month, day, year): December 11, 1971 | |
| 3. RACE (White, Negro, American Indian, etc. (specify)): White | 4. SEX: Female | 4a. AGE—Last Birthday (years): 38 | Under 1 year: Months / Days | Under 1 day: Hours / Min. | 5. DATE OF BIRTH (month, day, year): April 2, 1933 |
| 6. COUNTY OF DEATH: Klamath | 7a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls | 7b. Inside City Limits (specify yes or no): Yes | 7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Waghburn Manor | | |
| 8. STATE OF BIRTH (If not in U.S.A., name country): California | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced | 11. NAME OF SPOUSE | | |
| 12. SOCIAL SECURITY NUMBER: 568-38-0345 | 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parking meter maid | 13b. KIND OF BUSINESS OR INDUSTRY: City | | | |
| 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.: 2338 Garden | |
| 15. FATHER—NAME first middle last: Alfred —— DeWitt | 16. MOTHER—Maiden Name first middle last: Sarah —— Wright | 17. INFORMANT—NAME and relationship to deceased: Kathryn Lumpkin (Daughter) | | | |

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

| | | Approximate interval between onset and death |
|---|---|---|
| 18. Immediate cause (a) | Cardio Resp Failure | Terminal |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) | Carcin oma Test | 2 Mon's |
| (c) | CA of Pancreas | 4 Mon's |

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

| | | | | | |
|---|---|---|---|---|---|
| 20a. ACCIDENT (specify yes or no) | 20b. DATE OF INJURY (month, day, year) | 20c. HOUR | 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) | | |
| 20e. INJURY AT WORK (specify yes or no) | 20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) | 20g. LOCATION (street or R.F.D. No., city or town, county, state) | | | |
| 21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 12 day 31 year 71 | month 12 day 11 year 71 | And Last Saw Him/Her Alive on: month 12 day 10 year 71 | I Did/Did Not View the body after death (specify): Not | DEATH OCCURRED (hour): 1:20 P.M. | at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. |
| 22. PHYSICIAN—SIGNATURE: [signature] M.D. | 22b. NAME (type or print): Earle M. LeVernois | degree or Title: M.D. | 22c. DATE SIGNED (month, day, year): 12 13 71 | | |
| 23. MAILING ADDRESS—PHYSICIAN (street): 2628 Campus Drive | (city or town): Klamath Falls | (state): Oregon | (zip): 97601 | | |

| | | | | |
|---|---|---|---|---|
| 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial | 24b. CEMETERY OR CREMATORY—NAME: Cedarville cemetery | 24c. LOCATION (city or town, state): Cedarville, California | 24d. DATE (mo., day, year): Dec. 15, 1971 | |
| 25a. FUNERAL DIRECTOR—SIGNATURE: [signature] | 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601 | | | |
| 26. REGISTRAR—SIGNATURE: [signature] | 26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1971 | 27. DATE RECEIVED BY STATE REGISTRAR: DEC 27 1971 | | |
| RESERVED FOR REGISTRAR'S USE 28. | | | | |

VS 2 Rev 6-69

DATE ISSUED: Sep. 15 1977

STATE OF OREGON; COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of SEPTEMBER A.D., 19 77 at 3:42 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 17725.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragert Deputy