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Vital Statistics Section

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15

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: Blanche	Middle: Lucille	Last: Moore			DATE OF DEATH (month, day, year): January 9, 1978	
3 RACE (White, Black, American Indian, etc.) (specify): White	4 SEX: Female	5a AGE—Last birthday (years): 68	Under 1 year: 5b months / days	Under 1 day: 5c hours / min.		6 DATE OF BIRTH (month, day, year): December 20, 1909	
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Home				7d IF HOSP., OR INST., indicate DOA, Clinic, Emg., Rm., Inpatient (Specify): Inpatient	
8 STATE OF BIRTH (If not in U.S.A. name country): Montana	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married		11 SPOUSE (IF MARRIED, WIDOWED): Joseph Moore		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
13 SOCIAL SECURITY NUMBER: 533-16-4896	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker			14b KIND OF BUSINESS OR INDUSTRY: —			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D.: 3239 Bristol Ave.		ZIP 97601	15e Inside City Limits (specify yes or no): No	
16 FATHER—NAME first middle last: Joseph Shellhorn	17 MOTHER—Maiden Name first middle last: Mercy Smithers		18 INFORMANT—NAME and relationship to deceased: Joseph J. Moore, Husband				
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory		19c LOCATION city or town, state: Klamath Falls, Oregon				
20a FUNERAL SERVICE LICENSEE Or person acting As Such (Signature): Mark Mac	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601						

To be Completed by CERTIFYING PHYSICIAN

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Kenneth Magee — 21b DATE SIGNED (Mo., Day, Yr.): 1-9-78 — 21c HOUR OF DEATH: 5:10 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	22b REGISTRAR [Signature]: Marjorie Coberman
JAN 10 1978	

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Cardiac Arrest — Interval between onset and death: Seconds

DUE TO, OR AS A CONSEQUENCE OF:

(b) Advanced Arteriosclerotic Heart Disease — Interval between onset and death: 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

Mitral Valve Prothesis Triple Coronary Bypass

24 AUTOPSY (Specify Yes or No): No	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

Ref Joseph J Moore, 3239 Bristol, City

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

(SEAL)

By Marjorie Coberman Deputy Registrar

Date JAN 10 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of January A.D., 19 78 at 9:36 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 735.

FEE $3.00

WM. D. MILNE, County Clerk

By Blanche J. Black Deputy