

42831

STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics Section

78 FEB 9 AM 10 55

Vol. 78 Page 2406

## CERTIFICATE OF DEATH

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
STRUCK  
SEE  
HANDBOOKPRECEDENT  
IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
SIGNATURE ITEMS

POSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

Local File Number			State File Number		
DECEASED—NAME			DATE OF DEATH (month, day, year)		
1 <u>Carlton</u> <u>Ralph</u> <u>Smithers</u>			2 <u>January 27, 1978</u>		
RACE (White, Black, American Indian, etc. (specify)) <u>White</u>			DATE OF BIRTH (month, day, year)		
3 <u>White</u>			4 <u>June 24, 1892</u>		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		
7a <u>Klamath</u>			7b <u>Klamath Falls</u>		
STATE OF BIRTH (if not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY		
8 <u>Iowa</u>			9 <u>U.S.A.</u>		
SOCIAL SECURITY NUMBER			MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify))		
13 <u>542-40-8224</u>			10 <u>Married</u>		
RESIDENCE—STATE			USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		
15a <u>Oregon</u>			14a <u>Farmer</u>		
CITY, TOWN, OR LOCATION			STREET AND NUMBER OR R.F.D., ZIP		
15b <u>Klamath</u>			15d <u>7816 Booth Rd.</u>		
FATHER—NAME			MOTHER—Maiden Name		
16 <u>Thomas Henry Smithers</u>			17 <u>Mattie Martha Cuff</u>		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)			CEMETERY OR CREMATORY—NAME		
19a <u>Burial</u>			19b <u>Eternal Hills Memorial Gardens</u>		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)			NAME AND ADDRESS OF FACILITY		
20a <u>Mike O'Hair</u>			20b <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) <u>Raymond Tice</u>			DATE SIGNED (Mo., Day, Yr.)		
21a (Signature)			21b <u>Jan 31 78</u>		
NAME AND ADDRESS OF CERTIFIER (Type or Print)			HOUR OF DEATH		
21d <u>Raymond Tice M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601</u>			21c <u>11:10 A.</u>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21e		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR		
22a <u>FEB 1 1978</u>			22b (Signature) <u>Marjorie S. Comer</u>		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death		
23 (a) <u>Circumcision; Angioplasty Ca (Primary xrt</u>			<u>Months</u>		
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>Kurron</u>			Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF: <u>Parotid gland Infection</u>			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)		
PART II			24 <u>No</u>		
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Yr.)		
26a <u>No</u>			26b		
INJURY AT WORK (Specify Yes or No)			HOUR OF INJURY		
26c <u>No</u>			26d		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		
26e			26f		
STREET OR R.F.D. NO.			CITY OR TOWN		
26g			STATE		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev. 1-78 P-65

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

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie S. Comer Deputy RegistrarDate FEB 1 1978

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 9th day of February A.D., 19 78 at 10:55 o'clock A M., and duly recorded in Vol. N78 of Deeds on Page 2406.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha H. Letcher DeputyRet. to  
Helen A. Smithers  
7816 Booth Road  
Klamath Falls, Oregon 97601  
csh/300