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Vol. 18 Page 2407

CERTIFICATE OF DEATH

Local File Number 34		State File Number	
DECEASED—NAME First Middle Last Patricia Belle Rodgers		DATE OF DEATH (month, day, year) 2 January 22, 1978	
RACE White, Black, American Indian, etc. (specify) White		SEX Female	
AGE—Last birthday (years) 60		Under 1 year mos. days hours min.	
COUNTY OF DEATH Klamath		DATE OF BIRTH (month, day, year) 6 October 18, 1917	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Pres. Intercomm. Hospt.	
STATE OF BIRTH (if not in U.S.A., name country) 8 Oklahoma		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
SOCIAL SECURITY NUMBER 13 445-26-8634		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	
RESIDENCE—STATE 15a Oregon		SPOUSE (IF MARRIED, WIDOWED) 11 Melvin R. Rodgers	
COUNTY 15b Klamath		KIND OF BUSINESS OR INDUSTRY 14b	
CITY, TOWN, OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 15d 509 N. 3rd St. 97601	
FATHER—NAME first middle last 16 Jess Downs		MOTHER—Maiden Name first middle last 17 Kate Wood	
BURIAL, CREMATION, REMOVAL, MAUS (specify) 19a Burial		INFORMANT—NAME and relationship to deceased 18 Sherman Blackburn, son	
CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSE OR PERMIT (Signature) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b 1/24/78	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Geoffrey F. Marx M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601		HOUR OF DEATH 21c 8:23 P. M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JAN 24 1978	
REGISTRAR 22b [Signature] [Signature]		PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
23a (a) Probable Heart Attack		Interval between onset and death	
23b (b) Hypertension and Atherosclerosis		Interval between onset and death	
23c (c) TIA		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 Mild cerebrovascular disease		AUTOPSY (Specify Yes or No) 24 NO	
ACCIDENT (Specify Yes or No) 25a		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) Yes	
DATE OF INJURY (Mo., Day, Yr.) 26a		HOUR OF INJURY 26b	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e		LOCATION 26f	
STREET OR R.F.D. NO. 26g		CITY OR TOWN 26h	
STATE 26i		RESERVED FOR REGISTRAR'S USE	

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

By [Signature] Deputy Registrar
Date JAN 25 1978

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 9th day of February A.D., 19 78 at 10:55 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 2407.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy