43332

Vol. M 78 Page 3095

24

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1 DECEASED—NAME	First: Ethel	Middle: -	Last: Shoup	2 DATE OF DEATH (month, day, year): January 17, 1978
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Female	5a AGE—Last birthday (years): 71	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): November 14, 1906				
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): 3837 Hwy. 39 (Residence)	7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)	
8 STATE OF BIRTH (If not in U.S.A., name country): Iowa	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11 SPOUSE (IF MARRIED, WIDOWED): -	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 480-16-0966 D	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., ZIP: 3837 Hwy. 39 97601	15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Alex Roberts	17 MOTHER—Maiden Name first middle last: Dora D. Young	18 INFORMANT—NAME and relationship to deceased: Helen Applegate, Sister		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens	19c LOCATION city or town state: Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: Mike O'Hair	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			

To be Completed by CERTIFYING PHYSICIAN Only

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

21a [Signature]: Kenneth K Magee | 21b DATE SIGNED (Mo., Day, Yr.): 1-20-78 | 21c HOUR OF DEATH: 1:00 P. M

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

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): January 20, 1978	22b REGISTRAR [Signature]: Marjorie Ackerman

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 PART I (a) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	Cardiac arrest		Interval between onset and death: Seconds
DUE TO, OR AS A CONSEQUENCE OF: (b)	Advanced Cardiac Arrhythmia		Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF: (c)	Advanced Cor Pulmonale		Interval between onset and death: years
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		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 M	26d DESCRIBE HOW INJURY OCCURRED
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

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie Ackerman Deputy Registrar

Date JAN 20 1978 19

VOID IF ALTERED

Return to
D.L. Hoots
2261 S. 6th
K.F.

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 17th day of February A.D., 19 78 at 2:33 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 3095.

FEE $3.00

WM. D. MILNE, County Clerk

By Kenneth D Hoots Deputy