

93

CERTIFICATE OF DEATH

Local File Number

State File Number

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
RECORDS
SEE
REGBOOK

REMARKS
DEATH
DURING
INSTITUTION
HOSPITAL
OR
HOMECARE
FACILITY
OR
OTHER
FACILITY

INDICATE
IF ANY
HIGH-GRADE
RISK TO
IMMEDIATE
CAUSE
DURING
THE
DECEASED
HUSBAND

5.
6.

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)
1		Mildred	Hazel	Beaton	2 March 10, 1978
RACE White, Black, American Indian, etc. (Specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day
3 White		4 Female	5a 77	5b mos. 5c days 5d min.	DATE OF BIRTH (month, day, year)
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH			6 October 1, 1900
7a Klamath		7b Klamath Falls			7c Klamath Co. Nursing Home
STATE OF BIRTH (if not in U.S., name country)		CITIZEN OF WHAT COUNTRY			8
8 Kansas		9 U.S.A.			10 Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY
13 566-80-2456		14a Restaurant Owner			14b Restaurant
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	15a Rt. 1, Box 587
15a Oregon		15b Klamath	15c Bonanza	15d Rt. 1, Box 587	15e No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last			INFORMANT—NAME and relationship to deceased
16 Harvey Dunham		17 Alta Lenore Orton			18 M.A. Beaton, Husband
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME			LOCATION city or town state
19a Cremation		19b Eternal Hills Crematory			19c Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE OR Acting As Such (Specify)		NAME AND ADDRESS OF FACILITY			
20a [Signature]		20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH
21a [Signature] Robert Payne M.D.		21b 3-13-78			21c 9:20 A.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print)					
21d Robert Payne M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a MAR 17 1978		22b [Signature] Marion Schuman			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
(a) Hepatic Coma and Irradiation		2 weeks			
(b) Metastatic carcinoma of liver and brain		6 mo.			
(c) Carcinoma of gall bladder		1 yr.			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
		24 NO			25 (Specify Yes or No) NO
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
26a		26b	26c	26d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN STATE
26e		26f	26g		

RESERVED FOR REGISTRAR'S USE

Ret: M.A. Beaton
Rt 1, Box 587
Bonanza, Oregon 97623

VS-2 Rev-1-78 P-65412

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. CONER, Registrar Vital Statistics

By Marion Schuman Deputy Registrar
Date MAR 20 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 22nd day of March A.D., 19 78 at 4:50 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 5497.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha J. Petich Deputy