

46953

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

APR 10 1978

Vol. 1478 Page 8205

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last Edna K. Lance			State File Number		
RACE White, Black, American Indian, etc. (specify) White			DATE OF DEATH (month, day, year) 2 April 22, 1978		
SEX Female			DATE OF BIRTH (month, day, year) 6 August 18, 1910		
COUNTY OF DEATH Klamath			CITY, TOWN OR LOCATION OF DEATH Klamath Falls		
STATE OF BIRTH (if not in U.S.A., name country) Canada			CITIZEN OF WHAT COUNTRY U.S.A.		
SOCIAL SECURITY NUMBER 569-40-0737			MARITAL STATUS (if married, give date) 10 Married		
RESIDENCE—STATE Oregon			KIND OF BUSINESS OR INDUSTRY 14a Practical Nurse		
COUNTY Klamath			14b Nursing		
CITY, TOWN, OR LOCATION Klamath Falls			STREET AND NUMBER OR R.F.D. ZIP 1628 Derby St. 97601		
FATHER—NAME first middle last Frank Hayward			MOTHER—Maiden Name first middle last Bertha J. Small		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 18a Mausoleum			CEMETERY OR CREMATORY—NAME 18b Eternal Hills Haven of Rest Mausoleum		
FUNERAL SERVICE LICENSEE or person acting as such (Signature) Mike O'Hair			NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) Blake Berven M.D.			DATE SIGNED (Mo., Day, Yr.) 4/24/78		
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Blake Berven M.D.			HOUR OF DEATH 21c 12:45 P.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e Medical Dentl. Bld., Klamath Falls, Oregon 97601					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a APR 25 1978			REGISTRAR 22b (Signature) Marian J. Conner		
PART I IMMEDIATE CAUSE (a) Pneumonia			Interval between onset and death Lungs		
(b) Metastatic Lung Carcinoma			Interval between onset and death 6 months		
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			Interval between onset and death		
ACCIDENT (Specify Yes or No)			AUTOPSY (Specify Yes or No) 24 NO		
DATE OF INJURY (Mo., Day, Yr.)			WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) NO		
HOUR OF INJURY					
DESCRIBE HOW INJURY OCCURRED					
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		
RESERVED FOR REGISTRAR'S USE					

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. CONNER, Registrar Vital Statistics

By Marian J. Conner Deputy RegistrarDate APR 25 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 26th day of April A.D., 19 78 at 10:56 o'clock A M., and duly recorded in Vol. 1478 of Deaths on Page 8205.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha H. Helzlsouer

Deputy