

47391

149

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

CERTIFICATE OF DEATH

Vol. 78 Page 8854

TYPE
PRINT
IN
ANENT
ACK
OR
CTIONS
EE
BOOK

IDENT.
EATH
RED IN
UTION
NOBCK
KING
TION OF
CE ITEMS

SITION

IFIER

CTIONS
NY
GAVE
TO
DATE
SE
G THE
LYING
LAST

E OF
ATH

DECEASED—NAME		First	Middle	Last	State File Number
1 <u>Patricia Gene Jessing</u>					DATE OF DEATH (month, day, year)
2 <u>White</u>		SEX	AGE—Last birthday (years)	Under 1 year	DATE OF BIRTH (month, day, year)
3 <u>Female</u>		4 <u>58</u>	5a <u>58</u>	5b <u>58</u>	6 <u>March 5, 1920</u>
COUNTY OF DEATH		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>		7c <u>5655 Harlan Dr.</u>	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		SPOUSE (IF MARRIED, WIDOWED)	
8 <u>Ohio</u>		9 <u>U.S.A.</u>		10 <u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 <u>275-18-0254</u>		14a <u>Homemaker</u>		11 <u>Louis C. Jessing</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	
15a <u>Oregon</u>		15b <u>Klamath</u>	15c <u>Klamath Falls</u>	15d <u>5655 Harlan Dr.</u>	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased	
16 <u>Frank McEnerny</u>		17 <u>Genevieve Carlan</u>		18 <u>Louis C. Jessing, Husband</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state	
19a <u>Burial</u>		19b <u>Mt. Calvary Cemetery</u>		19c <u>Klamath Falls, Oregon</u>	
FUNERAL SERVICE LICENSE OR PERMITTING AS SUCH (Signature)		NAME AND ADDRESS OF FACILITY		20b <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>	
20a <u>Mt. Calvary</u>		20c <u>4-38-78</u>		20d <u>2:00 A.</u>	
21a <u>Fletcher F. Conn</u>		21b <u>M.D.</u>		21c <u>1905 Main St., Klamath Falls, Oregon 97601</u>	
21d <u>Fletcher F. Conn</u>		21e <u>M.D.</u>		21f <u>1905 Main St., Klamath Falls, Oregon 97601</u>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		22a <u>APR 28 1978</u>	
22b <u>APR 28 1978</u>		22c <u>Marion Chapman</u>		22d <u>APR 28 1978</u>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Myocardial infarction</u>		Interval between onset and death		Interval between onset and death	
(b) <u>Chronic ischemic cardiovascular disease</u>		Interval between onset and death		Interval between onset and death	
(c) <u>Arteriosclerosis Mellitus</u>		Interval between onset and death		Interval between onset and death	
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	
23 <u>Chronic pyelitis</u>		24 <u>Yes</u>		25 <u>Yes</u>	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
26a <u>No</u>		26b <u>No</u>	26c <u>No</u>	26d <u>No</u>	
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 <u>No</u>		26f <u>No</u>	26g <u>No</u>	26h <u>No</u>	

RESERVED FOR REGISTRAR'S USE

Ret: Louis C. Jessing
5655 Harlan Dr
City

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 Chapman, Deputy RegistrarDate APR 28 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 3rd day of May A.D., 19 78 at 2:27 o'clock P.M., and duly recorded in Vol. N78 of Deeds on Page 8854.

FEE \$3.00

WM. D. MILNE, County Clerk

By Terreltha D. Hetch, Deputy