4772

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

Vol. M 78 Page 9325

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1 First: THOMAS; Middle: HUGH; Last: MONROE

2 DATE OF DEATH (month, day, year): April 26, 1978

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 45

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): December 9, 1932

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): Presbyterian Intercommunity

7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country): Arkansas

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Patricia Monroe

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 526 - 46 - 2077

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Electronic Technician

14b KIND OF BUSINESS OR INDUSTRY: FAA

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 6709 Eberlein 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Herbert - Monroe

17 MOTHER—Maiden Name first middle last: Mary - Sisen

18 INFORMANT—NAME and relationship to deceased: Patricia A. Monroe (Wife)

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial-Removal

19b CEMETERY OR CREMATORY—NAME: Resthaven Park

19c LOCATION city or town state: Phoenix, Arizona

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]:

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., 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.

21a [Signature]: Thomas E. Klump M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 4/28/78

21c HOUR OF DEATH: 11:00 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Thomas E. Klump, M.D., Medical Dental Building, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 1 1978

22b REGISTRAR [Signature]: Marion Johnson

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) CEREBRAL EDEMA — Interval between onset and death: 36 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) BRAIN TUMOR - Colio BLASTOMA — Interval between onset and death: Several months
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):

26a ACCIDENT [Specify Yes or No]:
26b DATE OF INJURY [Mo., Day, Yr.]:
26c HOUR OF INJURY:
24 AUTOPSY [Specify Yes or No]: No
25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]: No
26e INJURY AT WORK [Specify Yes or No]:
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:
26d DESCRIBE HOW INJURY OCCURRED:
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

Patricia A Monroe
8227 N. 33rd Lane
Phoenix Arizona 85021

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. COMER, Registrar Vital Statistics
By Marion Johnson Deputy Registrar
Date MAY 1 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 8th day of May A.D., 19 78 at 2:18 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 9325.

FEE $3.00

WM. D. MILNE, County Clerk
By Bunetha A Gilbert Deputy