38-14838-S

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

47829 43

Local File Number

CERTIFICATE OF DEATH

Vol. M78 Page 9466

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	INEZ IRENE KIZZIRE
2. Date of Death (month, day, year)	January 28, 1978
3. Race (White, Black, American Indian, etc.)	White
4. Sex	Female
5a. Age—Last birthday (years)	57
5b. Under 1 year (mos, days)	
5c. Under 1 day (hours, min)	
6. Date of Birth (month, day, year)	January 7, 1921
7a. County of Death	Klamath
7b. City, Town or Location of Death	Klamath Falls
7c. Hospital or Other Institution—Name	Presbyterian Intercommunity
7d. Inside city limits / ER / Inpatient	Inpatient
8. State of Birth (if not in U.S.A. name country)	Iowa
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Spouse (if married, widowed)	Woodrow Kizzire
12. Was decedent ever in U.S. Armed Forces	No
13. Social Security Number	481 - 30 - 7066
14a. Usual Occupation (give kind of work done during most of working life, even if retired)	Housewife
14b. Kind of Business or Industry	At home
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Sprague River
15d. Street and Number or R.F.D.	No numbers Box 334
Zip	97639
15e. Inside city limits (specify yes or no)	
16. Father—Name (first, middle, last)	Benjamin Franklin Grim
17. Mother—Maiden Name (first, middle, last)	Anna - Fee
18. Informant—Name and relationship to deceased	Woodrow Kizzire (Husband)

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Maus. (specify)	Burial - Removal
19b. Cemetery or Crematory—Name	Leon Cemetery
19c. Location (city or town, state)	Leon, Iowa
20a. Funeral Service Licensee or Person Acting as Such (Signature)	[signature]
20b. Name and Address of Facility	Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 9760

CERTIFIER

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

Field	Entry
21a. (Signature)	[signature] M.D.
21b. Date Signed (Mo., Day, Yr.)	1/30/78
21c. Hour of Death	2:20 A. M
21d. Name and Address of Certifier (Type or Print)	Geoffrey Marx, 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.)	FEB 1 1978
22b. Registrar (Signature)	[signature]

CAUSE OF DEATH

23. PART I — Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval between onset and death
(a)	Cardiogenic Shock	72 hrs
(b) Due to, or as a consequence of	Arteriosclerotic heart Disease	10 years
(c) Due to, or as a consequence of		

PART II — Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a): Diabetes Mellitus

Field	Entry
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)	[illegible]
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

VS-2 Rev. 1-78 P-654

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 [signature] Deputy Registrar

Date FEB 1 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

Ret. T/A

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of May A.D., 19 78 at 3:32 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 9466

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00