49605

192
Local File Number

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

# CERTIFICATE OF DEATH

Vol. M 78 Page 12067

State File Number

1 DECEASED—NAME: First GLADYS Middle IRENE Last PRICE

2 DATE OF DEATH (month, day, year): May 28, 1978

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

4 SEX: Female

5a AGE—Last birthday (years): 60

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): July 25, 1917

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 Intercomm.

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, DIVORCED): Roy Price

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

13 SOCIAL SECURITY NUMBER: 518 - 30 - 9530

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

14b KIND OF BUSINESS OR INDUSTRY: Homemaking

15a RESIDENCE—STATE: California

15b COUNTY: Siskiyou

15c CITY, TOWN, OR LOCATION: Tulelake

15d STREET AND NUMBER OR R.F.D., ZIP: Box 621 96134

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

16 FATHER—NAME first middle last: Charlie L. Chandler

17 MOTHER—Maiden Name first middle last: Mae Virginia Essman

18 INFORMANT—NAME and relationship to deceased: Roy Price - Husband

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gar.

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): James R. Ward

20b NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main Street - Klamath Falls, Ore. 97601

To be Completed by CERTIFYING PHYSICIAN Only

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

21a (Signature): Raymond Tice MD

21b DATE SIGNED (Mo., Day, Yr.): May 30 78

21c HOUR OF DEATH: 9:45 A M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Raymond Tice, M.D. / 309 Medical-Dental Bldg / Klamath Falls, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 31 1978

22b REGISTRAR (Signature): Marian Scherman

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

PART I

(a) [illegible] — Interval between onset and death: [illegible]

DUE TO, OR AS A CONSEQUENCE OF:

(b) Esophageal Carcinoma Bone Mets (Tulelake) — Interval between onset and death: 6-12 months

DUE TO, OR AS A CONSEQUENCE OF:

(c) Colon Carcinoma of Colon — Interval between onset and death: 5 years

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

5.

6.

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo, Day, Yr): [illegible]

26c HOUR OF INJURY: [illegible] AM PM

26d DESCRIBE HOW INJURY OCCURRED:

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):

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Ret: Roy Price
Box 621
Tulelake, Ca

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 Marian Scherman, Deputy Registrar

Date JUN 2 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 7th day of June A.D., 19 78 at 9:35 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 12067.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha H. Belach Deputy