STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

43789

44

CERTIFICATE OF DEATH

Local File Number

DECEASED

DECEASED—NAME: First PANSY Middle - Last OHLES

1. RACE (White, Negro, American Indian, etc. (specify)) American Indian
2. SEX Female
3. AGE—Last birthday (years) 75
4. UNDER 1 YEAR: Months 5b. / Days 5c. / UNDER 1 DAY: Hours / Min. 6.
5a. BIRTHPLACE (City and State or Foreign Country) Klamath Falls
5b. CITY, TOWN, OR LOCATION OF DEATH (Inside City Limits (specify yes or no)) Yes
6. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Presb
7a. COUNTY OF DEATH Klamath
7b. CITIZEN OF WHAT COUNTRY USA
7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed
7d. NAME OF SPOUSE Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country) Oregon
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife
10. KIND OF BUSINESS OR INDUSTRY Homemaking
11. SOCIAL SECURITY NUMBER 540 - 78 - 3251
12. RESIDENCE—STREET AND NUMBER Box 333
13a. RESIDENCE—CITY, TOWN, OR LOCATION Chiloquin
13b. RESIDENCE—STREET AND NUMBER
14. RESIDENCE—STATE Oregon
14b. COUNTY Klamath
14c. RESIDENCE—INSIDE CITY LIMITS (specify yes or no) Yes
14d. INFORMANT—NAME and relationship to deceased Melvin Ohles - Son
14e. FATHER—NAME first middle last Steven - Douglas
15. MOTHER—Maiden Name first middle last Melinda - Gibson
16. DATE OF DEATH (month, day, year) December 28, 1976
17. I CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature and title) Terminal
18. DATE SIGNED (month, day, year) 3 Mrs
19a. AUTOPSY (Yes or no) NO
19b. IF YES were findings considered in determining cause of death
20. PLACE OF DEATH (Check only one) Hospital or Institution
20a. DEAD ON ARRIVAL
20b. IF NOT IN HOSPITAL OR INSTITUTION, DEATH OCCURRED (Check only one) Other (Specify)
20c. DEATH OCCURRED (hour) 10:32 P M.
20d. PLACE OF DEATH (Name of hospital or institution or street address and number if other than hospital or institution) Klamath Falls, Oregon
20e. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
20f. COUNTY OF DEATH Klamath
20g. STATE OF DEATH Oregon
20h. ZIP CODE 97601
20i. INFORMANT'S MAILING ADDRESS (Street and number or R.F.D. number, city or town, state, zip) Box 333 Chiloquin, Oregon 97624
21. METHOD OF DISPOSITION (Burial, cremation, removal, donation, etc.) Cremation
22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills
23. LOCATION (City or town, state) Klamath Falls, Oregon
24. DATE OF DISPOSITION (month, day, year) Jan 3, 1977
25. NAME AND ADDRESS OF FACILITY Klamath Falls, Oregon 97601
26. DATE RECEIVED BY LOCAL REGISTRAR (month, day, year) 1945 Main - Klamath
27. DATE RECEIVED BY STATE REGISTRAR

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(a) Cardiac Arrest due to, or as a consequence of:
(b) Acute Myocardial Infarction due to, or as a consequence of:
(c) Arteriosclerotic Cardiovascular Disease

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

1. Surgery for Aneurysm of Descending Aorta
2.
3.

ACCIDENT (specify yes or no)
INJURY AT WORK (specify yes or no)
DATE OF INJURY (month, day, year)
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
HOW INJURY Ooccurred (enter nature of injury)

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month Nov day 15 year '26 TO month Dec day 28 year '76

I Did/Did Not view the body after death (specify)

PHYSICIAN—SIGNATURE: [signature] MD

And Last Saw Him/Her Alive on: month Dec day 28 year '76

degree or Title MD

NAME (type or print) Earle M. LeVernois

MAILING ADDRESS—PHYSICIAN street 2628 Campus Dr. city or town Klamath Falls, state Oregon zip 97601

DATE SIGNED (month, day, year) 1-3-77

BURIAL

CEMETERY OR CREMATORY—NAME Eternal Hills
LOCATION city or town Klamath Falls, Oregon
FUNERAL DIRECTOR—SIGNATURE [signature]
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Klamath Falls, Oregon
REGISTRAR—SIGNATURE [signature]
DATE RECEIVED BY LOCAL REGISTRAR 1945 Main - Klamath
DATE (mo., day, year) Jan 3, '77
RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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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)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature] Deputy Registrar

Date JAN 5 1977 19

VOID IF ALTERED

Celeste
KC TC

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 June A.D., 19 78 at 3:15 o'clock P.M., and duly recorded in Vol M78, of Deeds on Page 12358.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy