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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

51897

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121
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): ADA - ALLEN
2. DATE OF DEATH (month, day, year): April 23, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 56
5b. Under 1 year: months / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): August 27, 1920
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Colorado
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Steve Allen
12. SOCIAL SECURITY NUMBER: 523 - 12 - 9827
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 4441 Austin

15. FATHER—NAME first middle last: George - Poulson
16. MOTHER—Maiden Name first middle last: Ethel - DePriest
17. INFORMANT—NAME and relationship to deceased: Steve Allen (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause (a): Respiratory Arrest — Minutes
due to, or as a consequence of (b): Pneumonia — 3 weeks
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
due to, or as a consequence of (c): Carcinoma of lung — 2+ months

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Chronic Obstructive Pul. Disease, Congestive Hrt. Failure

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no): No
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from (month, day, year): Jan 1 1976 to (month, day, year): April 25, 1977
And Last Saw Him/Her Alive on: 4-22-77
I Did/Did Not view the body after death (specify):
DEATH OCCURRED (hour): 9:27 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Kenneth Magee M.D.
22b. NAME (type or print) degree or Title: Kenneth K. Magee, M.D.
22c. DATE SIGNED (month, day, year): April 25 1977
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Keno Cemetery
24c. LOCATION city or town, state: Keno, Oregon
24d. DATE (mo., day, year): April 27, '77
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Hurd's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Judi A. Harrison
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1977
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE
29.

VS-2 R-69

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.

MARJORIE S. COMER, Registrar Vital Statistics
By Judi A. Harrison Deputy Registrar
Date April 28 19 78
VOID IF ALTERED
(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of July A.D., 19 78 at 3:55 o'clock P M., and duly recorded in Vol. M78, of Deeds on Page 15502

FEE $3.00

WM. B. MILNE, County Clerk
By Bernetha Lobdell Deputy