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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 437

State File Number:

DECEASED

Item	Entry
1. DECEASED—NAME (First, Middle, Last)	Nell Eleanor McCormick
2. DATE OF DEATH (month, day, year)	December 30, 1977
3. RACE White, Negro, American Indian, etc. (specify)	White
4. SEX	Female
5a. AGE—Last birthday (years)	87
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. DATE OF BIRTH (month, day, year)	October 19, 1890
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)	Washburn Manor
8. STATE OF BIRTH (If not in U.S.A., name country)	Oregon
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed
11. NAME OF SPOUSE	—
12. SOCIAL SECURITY NUMBER	543-07-3422 D
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Homemaker
13b. KIND OF BUSINESS OR INDUSTRY	—

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

Item	Entry
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Keno
14d. Inside City Limits (specify yes or no)	No
14e. STREET AND NUMBER OR R.F.D.	Box 41
15. FATHER—NAME (first, middle, last)	Daniel I. Gordon
16. MOTHER—Maiden Name (first, middle, last)	Nellie Decker
17. INFORMANT—NAME and relationship to deceased	Letha Waive Howard, Daughter

CAUSE

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

	Cause	Approximate interval between onset and death
(a) Immediate cause	Cardiac Resp. Failure	Terminal
(b) due to, or as a consequence of:	CVA	2-3 days
(c) due to, or as a consequence of:	Generalized Arteriosclerosis	Many yrs

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

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

19a. AUTOPSY (yes or no): No

19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or 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: May 19 '67 to Dec. 30, 1977 and Last Saw Him/Her Alive on: Dec 29 '77. I Did/Did Not view the body after death (specify): Not. Death occurred at 8:20 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: [signature] M.D.

NAME (type or print): Earle M. LeVernois — degree or title: M.D.

22b. DATE SIGNED (month, day, year): Jan 3 '78

22c. MAILING ADDRESS—PHYSICIAN: 2628 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

23.

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): 1-3-78

25a. FUNERAL DIRECTOR—SIGNATURE: [signature]

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: [signature]

26b. DATE RECEIVED BY LOCAL REGISTRAR:

27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

1.
2.
3.
4.
5.
6.

VS-2 R-69

Letha V. Howard
Box 41
Keno, OR 97627

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 JAN 5 1978 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of July A.D., 19 78 at 9:39 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 15712.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy