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LOCAL REGISTRAR'S NUMBER 392

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. '66 017747

DATE RECEIVED JAN - 9 1967

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink): First SARAH Middle VIOLA Last STEARNS

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 60 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Ponderosa Nursing Home

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC: 630 N. 10th Street

4. DATE OF DEATH: December 27 1966
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO: 541-14-3086
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At Home
11. NAME OF SPOUSE: —

12. DATE OF BIRTH: September 20 1881
13. AGE LAST BIRTHDAY (Yrs): 85 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Glenburn, California
15. WAS DECEASED A CITIZEN OF: U.S. ☐ Foreign Country / Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: Silas Pryor Nicholson
18. MAIDEN NAME OF MOTHER: Sarah Martha Lassiter
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Betty Hart (Granddaughter)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Pneumonia — Interval between onset and death: 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B): Arteriosclerosis
DUE TO (C): Senility
PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY: Hour a.m. p.m. Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (viewed the body of) the deceased from Oct 12 58 to Dec 27 66 and that the death occurred at 3 p.m. from the causes and on the date stated above.
(Signature) [signature] (Title) M.D. (Address) Klamath Falls, Oregon (Date Signed) 12/29/66

29. RESERVED FOR REGISTRAR'S USE: 450.0

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 12/29/66
30C. NAME OF CREMATORY OR CEMETERY: Linkville cemetery
30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 12-29-66
32. REGISTRAR'S SIGNATURE: Marjorie Comer
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward Klamath Falls, Oregon

FORM VS-2

DATE ISSUED Sep. 27 1978

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR [signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of October A.D., 19 78 at 3:21 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 23099.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy