

57028

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 37		STATE FILE NO.	
DATE RECEIVED		Middle Last	
1. NAME OF DECEASED (Type or print all entries in black ink) Beulah Elizabeth Smith		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
B. CITY, TOWN (If outside corporate limits, so specify) LOCATION Klamath Falls		D. STREET ADDRESS, RURAL ROUTE, ETC. 3823 Bisbee St.	
C. LENGTH OF STAY IN 2B 18 Yrs.		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pres. Intercom. Hospital		10. KIND OF BUSINESS OR INDUSTRY home	
4. DATE OF DEATH Month Day Year January 27, 1967		11. NAME OF SPOUSE William C. Smith 5861-2674	
5. SEX female		12. DATE OF BIRTH Month Day Year June 1, 1914	
6. COLOR OR RACE white		13. AGE LAST BIRTHDAY Yrs. 52	
8. SOCIAL SECURITY NO.		14. BIRTHPLACE (State or Foreign Country) Springfield, Missouri	
9. USUAL OCCUPATION (Kind of work done during most of life) housewife		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? no		17. NAME OF FATHER Oscar Sapp	
18. MAIDEN NAME OF MOTHER Estella Grace Holmes		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Joyce Bentley, daughter	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Ventricular Fibrillation		Interval Between Onset and Death (Hours, days, hours, etc.) 30 min.	
Conditions, if any, which gave rise to above cause (B): DUE TO (B): A. S. H. D.		DUE TO (C):	
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (A): Complete Heart Block & Diabetes		21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	
24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY Hour M. P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I Certify that I attended the deceased from or on 1-12-67 to 1-27-67 and that the death occurred at 8:45a. m. from the causes and on the date stated above. Jan 30 1967 Everett E. Howard, M.D. 613 Medical Dental Bldg. Klamath Falls, Oregon (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 1/31/67	
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Memorial Gardens		30D. LOCATION (City or Town) State Klamath Falls, Ore	
31. DATE RECEIVED BY LOCAL REGISTRAR 1-30-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith O'Hair Klamath Falls, Oregon			

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy
Date January 30, 1967

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 October A.D., 1978 at 9:43 o'clock A. M., and duly recorded in Vol. M78 of Deeds on Page 23580.

FEE \$3.00

WM. D. MILNE, County Clerk
By Bernice Schuch Deputy