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CERTIFICATE OF DEATH

Local File Number: 397

State File Number

DECEASED—NAME (1) First: Mary Middle: Edna Last: Edmunson

DATE OF DEATH (month, day, year) (2): October 29, 1978

DATE OF BIRTH (month, day, year) (6): March 4, 1903

RACE White, Black, American Indian, etc. (specify) (3): White

SEX (4): Female

AGE—Last birthday (years) (5a): 75

Under 1 year: mos. / days — Under 1 day: hours / min. (5b, 5c)

COUNTY OF DEATH (7a): Klamath

CITY, TOWN OR LOCATION OF DEATH (7b): Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) (7c): Pres. Intercomm. Hospt.

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) (7d): Inpatient

STATE OF BIRTH (If not in U.S.A., name country) (8): Utah

CITIZEN OF WHAT COUNTRY (9): U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10): Widowed

SPOUSE (If married, widowed) (11): Fowler B. Edmunson

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12): No

SOCIAL SECURITY NUMBER (13): 543-10-1009 D

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (14a): Nurses Aid

KIND OF BUSINESS OR INDUSTRY (14b): Nursing Home

RESIDENCE—STATE (15a): Oregon

COUNTY (15b): Klamath

CITY, TOWN, OR LOCATION (15c): Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP (15d): 3203 Crest St. 97601

Inside City Limits (specify yes or no) (15e): No

FATHER—NAME first middle last (16): Henry Wall

MOTHER—Maiden Name first middle last (17): Mary Ann Summers

INFORMANT—NAME and relationship to deceased (18): Johney D. Edmunson, Son

BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a): Burial

CEMETERY OR CREMATORY—NAME (19b): Klamath Memorial Park

LOCATION city or town state (19c): Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] (20a): Mike Blair

NAME AND ADDRESS OF FACILITY (20b): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

DATE SIGNED [Mo., Day, Yr.] (21b): 30 Oct 78

HOUR OF DEATH (21c): 5:40 A. M

21a [Signature]: Craig A. Bennett

NAME AND ADDRESS OF CERTIFIER [Type or Print] (21d): Craig Bennett M.D. 1905 Main St., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] (21e):

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] (22a): OCT 30 1978

REGISTRAR (22b) [Signature]: Marian Ackerman

PART I (23) — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

(a) IMMEDIATE CAUSE: Pintal cell carcinoma of breast & metastasis to brain

Interval between onset and death: 8 mos

(b) DUE TO, OR AS A CONSEQUENCE OF:

Interval between onset and death:

(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

AUTOPSY (Specify Yes or No) (24): No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (25) (Specify Yes or No): No

ACCIDENT (Specify Yes or No) (26a)

DATE OF INJURY (Mo., Day, Yr.) (26b)

HOUR OF INJURY (26c)

DESCRIBE HOW INJURY OCCURRED (26d)

INJURY AT WORK (Specify Yes or No) (26e)

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) (26f)

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-IB412

After recording return to:

O. W. GOAKEY
ATTORNEY AT LAW
431 Main Street
Klamath Falls, Oregon 97601

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date Issued NOV 1 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of November A.D., 19 78 at 10:25 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 25127.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Adelsich Deputy