58884 417

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M 78 Page 26590

Local File Number

State File Number

DECEASED—NAME 1 First: Nellie Middle: Cox Last: LaMothe

2 DATE OF DEATH (month, day, year): November 17, 1978

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

4 SEX: Female

5a AGE—Last birthday (years): 88

5b Under 1 year: mon. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): June 15, 1890

7a COUNTY OF DEATH: Klamath

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

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Home

7d IF HOSP. OR INST., indicate DOA, OP, Emer., Em., Inpatient (Specify): Inpatient

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Leo LaMothe

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

13 SOCIAL SECURITY NUMBER: 541-54-3025

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

14b KIND OF BUSINESS OR INDUSTRY: —

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 232 Roosevelt St. 97601

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

16 FATHER—NAME first middle last: John Lyon

17 MOTHER—Maiden Name first middle last: Elizabeth Cox

18 INFORMANT—NAME and relationship to deceased: Pre-arranged: Nellie C. Lamothe

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mike O'Hair

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

To be Completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Kenneth K. Magee

21b DATE SIGNED (Mo., Day, Yr.): 11-17-78

21c HOUR OF DEATH: 4:25 A.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 17 1978

22b REGISTRAR (Signature): Marian Ackerman

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

(a) Cardiac arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Coronary atherosclerosis — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Generalized atherosclerosis — Interval between onset and death: years

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

24 AUTOPSY (Specify Yes or No): No

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

26a ACCIDENT (Specify Yes or No)

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

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

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

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

RESERVED FOR REGISTRAR'S USE

Wm Darong
P.O. Box 57
L 70

VS-2 Rev-1-78 P-65412

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 NOV 17 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE 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 24th day of November A.D., 19 78 at 3:25 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 26590.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha B. Letsch Deputy