

58912

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. M-78 Page 26624

CERTIFICATE OF DEATH

State File Number

DATE OF DEATH (month, day, year)
2 November 18, 1978DATE OF BIRTH (month, day, year)
6 March 31, 1917

DECEASED - NAME

First

Middle

Last

MARTHA

LUCILE

BURNETT

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

SEX

AGE - Last birthday (years)

Under 1 year

Under 1 day

COUNTY OF DEATH

CITY, TOWN OR LOCATION OF DEATH

HOSPITAL OR OTHER INSTITUTION - NAME (if not in blank, give street and number)

7a Klamath

4 Female

7b Klamath Falls

7c Presbyterian Intercommunity

STATE OF BIRTH (if not in U.S.A. name country)

CITIZEN OF WHAT COUNTRY

MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (specify)

7d Inpatient

11 Lee M. Burnett

12 No

SOCIAL SECURITY NUMBER

USUAL OCCUPATION (give kind of work done during final 30 working days, even if retired)

14a Housewife

14b At home

15a Oregon

15b Klamath

15c Chilquin

15d Star Rt. 1 - Box 127-L

FATHER - NAME (first, middle, last)

MOTHER - Maiden Name (first, middle, last)

16 John D. Garretson

17 Emily - Peterson

18 Lee M. Burnett (husband) X

19c Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify)

CEMETERY OR CREMATORY - NAME

19b Eternal Hills Memorial Gardens

19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSE OF PERSON ACTING AS SUCH (Signature)

NAME AND ADDRESS OF FACILITY

20a Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

20b 11/21/78

20c 12:55 A. M

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

REGISTRAR

21a Kenneth L. Tuttle, M.D., 2680 "C" Uhrmann Road, Klamath Falls, Oregon 97601

21b 11/21/78

21c 12:55 A. M

IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF

22a Melastatic ovarian cancer

22b 11/21/78

22c 12:55 A. M

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

AUTOPSY (Specify Yes or No)

24 No

25 No

26a No

26b No

26c No

26d No

ACCIDENT (Specify Yes or No)

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

HOUR OF INJURY

26a No

26b No

26c No

26d No

26e No

INJURY AT WORK (Specify Yes or No)

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

26a No

26b No

26c No

26d No

26e No

26f No

RESERVED FOR REGISTRAR'S USE

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date NOV 22 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 27th day of November A.D., 19 78 at 12:39 o'clock P. M., and duly recorded in Vol. M-78, of Deeds on Page 26624.WM. D. MILNE, County Clerk
By Waqueline J. Milne Deputy

FEE \$3.00