58919

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

Vol. M-78 Page 26633

391
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: ELSIE	Middle: -	Last: THOMPSON	2 DATE OF DEATH (month, day, year)	October 20, 1978
3 RACE (White, Black, American Indian, etc. (specify))	White	4 SEX: Female	5a AGE—Last birthday (years): 61	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.
6 DATE OF BIRTH (month, day, year)	May 21, 1917				
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)	Presbyterian Intercommunity
7d IF HOSP. OR INST. indicate DOA, OP, Emer. Rm., Inpatient (Specify)	Inpatient				
8 STATE OF BIRTH (If not in U.S.A., name country)	California	9 CITIZEN OF WHAT COUNTRY	USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	George Thompson	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	553 - 05 - 7536	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Department Manager	14b KIND OF BUSINESS OR INDUSTRY	Montgomery Ward
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	2455 Reclamation 97601	15e Inside City Limits (specify yes or no)	Yes		
16 FATHER—NAME first middle last	John - Lung	17 MOTHER—Maiden Name first middle last	Mary - Hergenroeder	18 INFORMANT—NAME and relationship to deceased	Diana Mabray daughter
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Removal/Burial	19b CEMETERY OR CREMATORY—NAME	Mt. View Cemetery	19c LOCATION city or town state	Fresno, California
20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	[signature]	20b NAME AND ADDRESS OF FACILITY	Ward's Klamath Funeral Home, Inc. Klamath Falls, Oregon		

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.

21a CERTIFIER—NAME AND TITLE (Type or print)	Robert Payne M.D.	21b DATE SIGNED (Mo., Day, Yr.)	10-23-78
21c HOUR OF DEATH	5:25 P.M.	21d MAILING ADDRESS (Street, city or town, state, zip)	Robert Payne, M.D. Medical-Dental Bldg. Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	OCT 24 1978	22b REGISTRAR (Signature)	[signature]

PART I

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

(a) Coma — Interval between onset and death: 1 mo

DUE TO, OR AS A CONSEQUENCE OF:

(b) Carcinoma Lung, generalized — Interval between onset and death: 1 yr

DUE TO, OR AS A CONSEQUENCE OF:

(c) Squamous carcinoma of Stomach — Interval between onset and death: 3 yrs

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 (Specify Yes or No)	No				
26a ACCIDENT (Specify Yes or No)	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

VS-2 Rev-8-78 P-85412

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 [signature] Deputy Registrar
Date OCT 24 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 2:41 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 26633.

FEE $3.00

WM. D. MILNE, County Clerk
By Jacqueline J. Metler Deputy