59696

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

Vol. M78 Page 27936 3:27

78 DEC 13 PM 3

# CERTIFICATE OF DEATH

Local File Number: 410

State File Number:

| DECEASED—NAME (First / Middle / Last) | DATE OF DEATH (month, day, year) |
|---|---|
| 1 Betty / Gardner | 2 November 8, 1978 |

| RACE White, Black, American Indian, etc.(specify) | SEX | AGE—Last birthday (years) | Under 1 year: mos. / days | Under 1 day: hours / min. | DATE OF BIRTH (month, day, year) |
|---|---|---|---|---|---|
| 3 White | 4 Female | 5a 71 | 5b | 5c | 6 July 7, 1907 |

| COUNTY OF DEATH | CITY, TOWN OR LOCATION OF DEATH | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) | IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient [Specify] |
|---|---|---|---|
| 7a Klamath | 7b Klamath Falls | 7c Presbyterian Inter. Hosp. | 7d Inpatient |

| STATE OF BIRTH (If not in U.S.A., name country) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | SPOUSE (IF MARRIED, WIDOWED) | WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] |
|---|---|---|---|---|
| 8 New York | 9 U.S.A. | 10 Married | 11 Milton Gardner | 12 No |

| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY |
|---|---|---|
| 13 545-40-4047 B | 14a Housewife | 14b Homemaking |

| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER OR R.F.D., ZIP | Inside City Limits (specify yes or no) |
|---|---|---|---|---|
| 15a Oregon | 15b Klamath | 15c Klamath Falls | 15d 398 Hillside Ave. | 15e Yes |

| FATHER—NAME first middle last | MOTHER—Maiden Name first middle last | INFORMANT—NAME and relationship to deceased |
|---|---|---|
| 16 Sam Leavitt | 17 Anna Kovarsky | 18 Milton Gardner - Husband |

| BURIAL, CREMATION, REMOVAL, MAUS. (specify) | CEMETERY OR CREMATORY—NAME | LOCATION city or town state |
|---|---|---|
| 19a Burial | 19b Mt Sinai Cemetery | 19c Los Angeles, California |

| FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] | NAME AND ADDRESS OF FACILITY |
|---|---|
| 20a Mike Mar | 20b O'Hair's Funeral Chapel, 515 Pine St. 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.

| 21a [Signature] | DATE SIGNED [Mo., Day, Yr.] | HOUR OF DEATH |
|---|---|---|
| F. Geoffrey Marx | 21b 11/8/78 | 21c 8:20 A.M. M |

NAME AND ADDRESS OF CERTIFIER [Type or Print]
21d Dr. F. Geoffrey Marx - Medical - Dental Building, Klamath Falls, Oregon 97601

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

| DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] | REGISTRAR |
|---|---|
| 22a NOV 9 1978 | 22b [Signature] Marian Ackerman |

PART I

| | | Interval between onset and death |
|---|---|---|
| 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) | Acute Myocardial infarction | 2 wks |
| DUE TO, OR AS A CONSEQUENCE OF: (b) | Arteriosclerotic Heart Disease | 3-4 yrs |
| DUE TO, OR AS A CONSEQUENCE OF: (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] | WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER |
|---|---|
| 24 No | 25 [Specify Yes or No] No |

| ACCIDENT [Specify Yes or No] | DATE OF INJURY [Mo. Day. Yr.] | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| 26a | 26b | 26c M | 26d |

| INJURY AT WORK [Specify Yes or No] | PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] | LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE |
|---|---|---|
| 26e | 26f | 26g |

RESERVED FOR REGISTRAR'S USE

Mr Milton Gardner
846 So. Gensee Ave.
Los Angeles, Ca.
90036

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 9 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 13th day of December A.D., 19 78 at 3:27 o'clock P.M., and duly recorded in Vol M-78, of Deeds on Page 27936.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline J. Metlee Deputy

Ck. 30