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HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics Section

Vol. 1778 Page 28678

358

## CERTIFICATE OF DEATH

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DECEASED—NAME 1 <b>CAROL LEE SMITH</b>		DATE OF DEATH (month, day, year) 2 <b>September 30, 1978</b>	
RACE White, Black, American Indian, etc. (specify) <b>White</b>	SEX <b>Female</b>	AGE—Last birthday (years) <b>39</b>	DATE OF BIRTH (month, day, year) 5 <b>April 20, 1939</b>
COUNTY OF DEATH 7a <b>Klamath</b>	CITY, TOWN OR LOCATION OF DEATH 7b <b>Klamath Falls</b>	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c <b>4422 Sturdivant Street</b>	IF HOSP OR INST. INDICATE DOA OP/Enter, Rm., Inpatient (Specify) 7d <b>—</b>
STATE OF BIRTH (If not in U.S.A., name country) 8 <b>Wisconsin</b>	CITIZEN OF WHAT COUNTRY 9 <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <b>Married</b>	SPOUSE (IF MARRIED, WIDOWED) 11 <b>Ray L. Smith</b>
SOCIAL SECURITY NUMBER 13 <b>230-52-5846</b>	USUAL OCCUPATION (give kind of work done during most of waking life, even if retired) 14a <b>Housekeeper</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Hospital</b>	
RESIDENCE—STATE 15a <b>Oregon</b>	COUNTY 15b <b>Klamath</b>	CITY, TOWN, OR LOCATION 15c <b>Klamath Falls</b>	STREET AND NUMBER OR R.F.D. ZIP 15d <b>4422 Sturdivant St. 97601</b>
FATHER—NAME first middle last 16 <b>Charles E. McCune</b>	MOTHER—Maiden Name first middle last 17 <b>Georgia L. Wellman</b>	INFORMANT—NAME and relationship to deceased 18 <b>Ray L. Smith, husband</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <b>Burial</b>	CEMETERY OR CREMATORY—NAME 19b <b>Eternal Hills Memorial Gardens</b>	LOCATION city or town state 19c <b>Klamath Falls, Oregon 97601</b>	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a <b>William J. Davenport</b>	NAME AND ADDRESS OF FACILITY 20b <b>DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601</b>		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) <b>F. Geoffrey Marx MD</b>		DATE SIGNED (Mo., Day, Yr.) 21b <b>10/2/78</b>	HOUR OF DEATH 21c <b>5:45 A.</b>
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <b>F. Geoffrey Marx, MD, Medical Dental Bldg, 905 Main Street, Klamath Falls, Oregon</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e <b>—</b>			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <b>OCT 2 1978</b>		REGISTRAR 22b (Signature) <b>Marian Ackerman</b>	
PART I IMMEDIATE CAUSE (a) <b>Liver Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Pancreatic CA metastatic to Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6-8 mo.</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>—</b>		INTERVAL BETWEEN ONSET AND DEATH <b>—</b>	
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 <b>No</b>	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) <b>Yes</b>
ACCIDENT (Specify Yes or No) 26a <b>—</b>	DATE OF INJURY (Mo, Day, Yr.) 26b <b>—</b>	HOUR OF INJURY 26c <b>—</b>	DESCRIBE HOW INJURY OCCURRED 26d <b>—</b>
INJURY AT WORK (Specify Yes or No) 26e <b>—</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f <b>—</b>	LOCATION 26g <b>—</b>	STREET OR R.F.D. NO CITY OR TOWN STATE <b>— — — — —</b>
RESERVED FOR REGISTRAR'S USE			

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By **Marian Ackerman** Deputy Registrar  
Date **OCT 3 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 26th day of December A.D., 1978 at 3:37 o'clock PM., and duly recorded in Vol. 1778 of Deeds on Page 28678.

FEE \$3.00

WM. D. MILLER, County Clerk  
By **William D. Miller**