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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

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78-00216n

CERTIFICATE OF DEATH

1. DECEASED - NAME First: <u>Helen</u> Middle: <u>E.</u> Last: <u>Pope</u>		2. DATE OF BIRTH (month, day, year) <u>February 16, 1976</u>	
3. SEX <u>Female</u>	4. AGE - Last birthday (years) <u>73</u>	5. Under 1 year days: <u>14</u> hours: <u>14</u> min: <u>30</u>	6. Under 1 day hours: <u>14</u> min: <u>30</u>
7. COUNTY OF BIRTH <u>Klamath</u>	8. CITY, TOWN, OR LOCATION OF BIRTH <u>Klamath Falls</u>	9. TRADE CITY LIMITS (specify yes or no) <u>Yes</u>	10. HOSPITAL OR OTHER INSTITUTION - NAME <u>Washburn Manor</u>
11. STATE OF BIRTH (if not in U.S.A., name country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Widowed</u>	14. NAME OF SPOUSE
15. SOCIAL SECURITY NUMBER <u>541-52-5941</u>	16. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Homemaker</u>	17. KIND OF BUSINESS OR INDUSTRY	
18. RESIDENCE - NAME <u>Oregon</u>	19. COUNTY <u>Klamath</u>	20. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	21. STREET AND NUMBER OR R.F.D. <u>1871 Painter</u>
22. DECEASED - NAME First: <u>Fred</u> Middle: <u>Head</u> Last: <u>Head</u>	23. MARRIED - Maiden Name (first middle last) <u>Bessie Ballard</u>	24. DECEASED - NAME and relationship to deceased <u>Richard Pope, son</u>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
1. (a) <u>Uremia</u>			2. (b) <u>Renal Failure</u>
3. (c) <u>4 weeks</u>			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
25. ACCIDENT (specify yes or no) <u>No</u>	26. DATE OF INJURY (month, day, year) <u>Feb. 16, 1976</u>	27. HOW INJURY OCCURRED (enter nature of injury in part I or part II item 16)	28. IF YES were findings considered in determining cause of death <u>No</u>
29. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify)) <u>Home</u>	30. LOCATION (street or R.F.D. No., city or town, county, state) <u>50 Daggett St., Klamath Falls, Oregon 97601</u>	31. DATE OF DEATH (month, day, year) <u>Feb. 16, 1976</u>	32. TIME OF DEATH (month, day, year) <u>2-16-76</u>
33. PHYSICIAN - SIGNATURE <u>Charles D. Buru</u>	34. NAME (type or print) <u>Charles D. Buru</u>	35. ADDRESS <u>50 Daggett St., Klamath Falls, Oregon 97601</u>	36. DATE SIGNED (month, day, year) <u>2-16-76</u>
37. FUNERAL HOME - SIGNATURE <u>Mike O'Hair</u>	38. NAME <u>O'Hair's Funeral Chapel</u>	39. ADDRESS <u>515 Pine, Klamath Falls, Ore. 97601</u>	40. DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 17 1976</u>
41. STATE REGISTRAR - SIGNATURE <u>Maria M. Math</u>	42. NAME <u>Maria M. Math</u>	43. ADDRESS <u>State Capitol, Salem, Ore. 97331</u>	44. DATE RECEIVED BY STATE REGISTRAR <u>MAR 11 1976</u>

STATE OF OREGON, COUNTY OF MULTNOMAH)ss
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Ret: Richard Pope
1871 Painter
K.F.O.
NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION
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 10:26 o'clock A.M., and duly recorded in Vol. 14-78 of Deeds on Page 28814.

FEE \$3.00
WM. D. MILNE, County Clerk
By Jacqueline J. Mettlen Deputy