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

445
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First	Middle	Last
1 Lula	F.	Rice

2 DATE OF DEATH (month, day, year): December 7, 1978

3 RACE White, Black, American Indian, etc.(specify): White / 4 SEX: Female / 5a AGE—Last birthday (years): 85 / 5b Under 1 year mos days / 5c Under 1 day hours min

6 DATE OF BIRTH (month, day, year): September 12, 1893

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): Klamath Co. Nursing Home

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): Minnesota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): John B. Rice

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 541-36-8899

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Beauty Operator & Barber

14b KIND OF BUSINESS OR INDUSTRY: Barber

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Chiloquin X

15d STREET AND NUMBER OR R.F.D., ZIP: Main St. 97624

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Charles Fauss

17 MOTHER—Maiden Name first middle last: Anna Ruschmeier

18 INFORMANT—NAME and relationship to deceased: Don B. Rice, M.D. Son

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mike Olsen

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, 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): Everett E. Howard

21b DATE SIGNED (Mo., Day, Yr.): 12-7-78

21c HOUR OF DEATH: 11:00 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard M.D. 2622 Campus Dr., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 8 1978

22b REGISTRAR (Signature): Marian Ackerman

PART I

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

(a) CEREBROVASCULAR ACCIDENT — Interval between onset and death: 48 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(b) CEREBRAL VASCULAR INSUFFICIENCY — Interval between onset and death: Years

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No): No	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No
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-1-78 P-05412

DATE ISSUED DECEMBER 29 1978

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.

ch Ref: Dr. Don B Rice
3° 8117 Hwy 140
City

(STATE REGISTRAR)

THIS UNITED STATES CERTIFIED COPY 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 4th day of January A.D., 1979 at 2:34 o'clock P.M., and duly recorded in Vol. M-79, of Deeds on Page 366.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline [illegible] Deputy