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

Vol. M 79 Page 6978

64760 91

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME 1	First: ELENE	Middle: ELEANOR	Last: SOUDERS	DATE OF DEATH (month, day, year) 2	March 25, 1979
RACE White, Black, American Indian, etc.(specify) 3	White	SEX 4 Female	AGE—Last birthday (years) 5a: 55	Under 1 year: mos 5b / days	Under 1 day: hours 5c / min.
DATE OF BIRTH (month, day, year) 6	September 29, 1923				
COUNTY OF DEATH 7a	Klamath	CITY, TOWN OR LOCATION OF DEATH 7b	Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c	Presbyterian Intercomm.
IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7d	Inpatient				
STATE OF BIRTH (If not in U.S.A., name country) 8	Colorado	CITIZEN OF WHAT COUNTRY 9	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Married
SPOUSE (IF MARRIED, WIDOWED) 11	Kenneth	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12	No		
SOCIAL SECURITY NUMBER 13	511 - 14 - 9346	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Cashier	KIND OF BUSINESS OR INDUSTRY 14b	Movie Theater
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP 15d	5474 Villa Drive 97601	Inside City Limits (specify yes or no) 15e	No		
FATHER—NAME first middle last 16	Harry Larson	MOTHER—Maiden Name first middle last 17	Minnie Ekhoff	INFORMANT—NAME and relationship to deceased 18	Kenneth Souders - Husband
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Burial	CEMETERY OR CREMATORY—NAME 19b	Eternal Hills Memorial Gardens	LOCATION city or town state 19c	Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a	[signature]	NAME AND ADDRESS OF FACILITY 20b	WARDS - 1945 Main - Klamath Falls, Oregon 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]	[signature]	DATE SIGNED [Mo., Day, Yr.] 21b	3/26/79	HOUR OF DEATH 21c	12:45 P M
NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d	William G. Holford, Jr., M.D. / 4036 S. 6th St / Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e					
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a	MAR 27 1979	REGISTRAR 22b [Signature]	Marian Ackerman		

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	Carcinoma of the breast with bone metastasis	3 yr.
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
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)

AUTOPSY (Specify Yes or No) 24	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 25
No	No

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo, Day, Yr) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
No		M	
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc.(Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. / CITY OR TOWN / STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

Ret to: Seaconeni, Jones & Zamsky
635 Main
K. Falls Oregon 97601

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 MAR 27 1979

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 29th day of March A.D., 19 79 at 4:13 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 6978.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Gotch Deputy