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

78-019640

Vol. M79 Page 10019

Local File Number 446

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1	First: LESLE	Middle: DeLOS	Last: MABEY	DATE OF DEATH (month, day, year) 2	December 8, 1978	
RACE White, Black, American Indian, etc. (specify) 3	White	SEX 4	Male	AGE—Last birthday (years) 5a	69	Under 1 year: mos 5b / days / Under 1 day: hours / min. 5c
DATE OF BIRTH (month, day, year) 6	May 27, 1909					
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 Intercommunity	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	Utah	CITIZEN OF WHAT COUNTRY 9	USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Married	SPOUSE (IF MARRIED, WIDOWED) 11	Bernice Mabey	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12	No
SOCIAL SECURITY NUMBER 13	550 - 07 - 5736	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Carpenter	KIND OF BUSINESS OR INDUSTRY 14b	Construction		
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Bonanza	STREET AND NUMBER OR R.F.D., ZIP 15d	P.O. Box # 275 97623	Inside City Limits (specify yes or no) 15e	NO
FATHER—NAME first middle last 16	Clarence Mabey	MOTHER—Maiden Name first middle last 17	Sarah Wagstaff	INFORMANT—NAME and relationship to deceased 18	Bernice Mabey (Wife)		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Burial-Removal	CEMETERY OR CREMATORY—NAME 19b	Rose Hills Memorial Park	LOCATION city or town state 19c	Whittier, California		
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a		NAME AND ADDRESS OF FACILITY	Hard's Klamath Funeral Home Inc., 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]	M.D.	DATE SIGNED [Mo., Day, Yr.] 21b	DEC 8 1978	HOUR OF DEATH 21c	12:10 A. M		
CERTIFIER — NAME AND TITLE (Type or Print) 21d	John D. Merryman, M.D.	MAILING ADDRESS (Street, city or town, state, zip)	303 Pine Street, Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e							
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a	DEC 8 1978	REGISTRAR 22b [Signature]	Marian J. Sherman				

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

		Interval between onset and death
23 (a) IMMEDIATE CAUSE	Cardiac Arrest	5 min.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Cerebral Hemorrhage - Massive	2 days.
DUE TO, OR AS A CONSEQUENCE OF: (c)	Hypertension - Diabetes	10 yrs.

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 25 (Specify Yes or No)
No	No

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	
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-8-78 P-65412

DATE ISSUED APRIL 19 1979

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.

STATE REGISTRAR

return: FA-D

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of May A.D., 19 79 at 3:49 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 10019.

FEE $3.00

WM. D. MILNE, County Clerk
By Dinecha Shetsch Deputy