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

66768 — 135 (Local File Number)

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CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: Margaret	Middle: Marie	Last: CASTRO
2 DATE OF DEATH (month, day, year)	April 29, 1979		
3 RACE White, Black, American Indian, etc. (specify)	White		
4 SEX	Female		
5a AGE—Last birthday (years)	69		
5b Under 1 year (mos / days)			
5c Under 1 day (hours / min.)			
6 DATE OF BIRTH (month, day, year)	May 26, 1909		
7a COUNTY OF DEATH	Klamath		
7b CITY, TOWN OR LOCATION OF DEATH	Crescent		
7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Residence-Highway 97 S.		
7d	—		
8 STATE OF BIRTH (If not in U.S.A., name country)	Idaho		
9 CITIZEN OF WHAT COUNTRY	USA		
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Divorced		
11 SPOUSE (If married, widowed, or divorced)	David		
12	No		
13 SOCIAL SECURITY NUMBER	541 20 9748		
14a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Teacher		
14b KIND OF BUSINESS OR INDUSTRY	Public Schools		
15a RESIDENCE—STATE	Oregon		
15b COUNTY	Klamath		
15c CITY, TOWN, OR LOCATION	Crescent		
15d STREET AND NUMBER OR R.F.D. ZIP 97733	Highway 97 So.		
15e Inside City Limits (specify yes or no)	no		
16 FATHER—NAME first middle last	James P. Anderson		
17 MOTHER—Maiden Name first middle last	Ella Payne		
18 INFORMANT—NAME and relationship to deceased	Fred Castro Son		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial		
19b CEMETERY OR CREMATORY—NAME	Jordan Valley Cemetery		
19c LOCATION city or town, state	Jordan Valley, Oregon		
20a FUNERAL SERVICE LICENSEE or person Acting As Such (Signature)	Clair L. Reynolds		
20b NAME AND ADDRESS OF FACILITY	Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701		

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] — Ivan R. Eastwood

21b DATE SIGNED (Mo., Day, Yr.) April 30, 1979

21c HOUR OF DEATH 1:10 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print)

21d Ivan R. Eastwood M.D. 1501 N.E. Medical Center Drive Bend, Oregon 97701

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

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 2 1979

22b REGISTRAR [Signature] Marian Ackerman

PART I

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

(a) Pulmonary embolism

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

Interval between onset and death: Hours

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a). Carcinoma of breast with mets to liver

AUTOPSY (Specify Yes or No) 24: No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? 25 (Specify Yes or No): Yes

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

Niswonger & Reynolds, Inc.
P.O. Box 229 • Bend, Oregon 97701

VS 1 Rev-1-76 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date MAY 2 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 7th day of May A.D., 19 79 at 1:38 o'clock P. M., and duly recorded in Vol '79 of Deeds on Page 10329.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha A. Lisch Deputy