70:09

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M79 Page 15874
2550 24

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
ELMA	FRANCES	MEEKER	June 22, 1979	1234

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
Female	Caucasian	American	March 16, 1909	70 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Colorado	Rudolph Sicklebower - birthplace unknown	Berna Cox - birthplace unknown

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	540-44-3414	Married	Loren F. Meeker

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Homemaker		Self-employed	Home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
2603 Altamont Drive		Klamath Falls

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Klamath	Oregon	Loren F. Meeker - Husband 2603 Altamont Drive Klamath Falls, Oregon

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Modoc Medical Center	Modoc

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
North Main Street	Cedarville

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Acute Myocardial Infarction with Cardiogenic Shock. — 6 hrs.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF — (B) Acute Cerebral Emboli, and — 3 days

DUE TO, OR AS A CONSEQUENCE OF — (C) Paroxysmal Cardiac Dysrhythmia, due to — 4 days

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REFERRED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No.	No.	No.

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
Chronic Rheumatic Heart Disease.

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Mitral Valve Replacement. DATE: 06/20/74

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
04/19/61	06/22/79	J.C. Gilbert, M.D.	06/25/79	G-2199

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Main Street Cedarville, CA 96104

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST, INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	June 26, 1979	Eternal Hills Memorial Gardens, K. Falls, OR	[illegible] 1450

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Kerr Mortuary

41. LOCAL REGISTRAR—SIGNATURE: M. F. Peggy Jones by M. Reeves

42. DATE ACCEPTED BY LOCAL REGISTRAR: June 25, 1979

STATE REGISTRAR

A.	B.	C. 7919	D.	E.	F.

VS-11 (5-78)

79 JUL 5 AM 8 19

STATE OF CALIFORNIA
COUNTY OF MODOC, SS

I, M.F. "Peggy" Jones, County Recorder, do hereby certify that this is a true and correct copy of the record recorded in this office in book number 13, page number 73.

Witness my hand and official seal this 27 day of June, 1979.

M.F. "Peggy" Jones, Recorder

By M. Reeves, Deputy.

Rt. Loren F Meeker
Adel Ore
Zip Del 97620

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of July A.D., 19 79 at 9:49 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 15874.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha Mcleod Deputy