76405

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

Vol. M79 Page 25886

367 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME	First	Middle	Last
1	ESTELLA	CATHERINE	SHULMIRE

2 DATE OF DEATH (month, day, year): October 8, 1979

6 DATE OF BIRTH (month, day, year): January 8, 1907

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE—Last birthday (years): 72

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

7a COUNTY OF DEATH: Klamath

7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls, Oregon

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2007 Modoc St.

7d IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify):

8 STATE OF BIRTH (If not in U.S.A., name country): California

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Erwin A. Shulmire

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

13 SOCIAL SECURITY NUMBER: 561-34-5887

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

14b KIND OF BUSINESS OR INDUSTRY: Homemaking

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2007 Modoc St. 97601

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

16 FATHER—NAME first middle last: Frederic B. Test

17 MOTHER—Maiden Name first middle last: Kate M. Chapman

18 INFORMANT—NAME and relationship to deceased: Erwin A. Shulmire (Husband)

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 97601

20a FUNERAL SERVICE LICENSEE or person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: Ward'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]: Kenneth K. Magee

21b DATE SIGNED [Mo., Day, Yr.]: 10-11-79

21c HOUR OF DEATH: 3:15 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee, M.D., Medical Dental Bldg. Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: OCT 12 1979

22b REGISTRAR [Signature]: Marian Ackerman

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

(a) Cardiac Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Senile Generalized Debility — Interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF:

(c) Advanced Lymphosarcoma — Interval between onset and death: years

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

24 AUTOPSY [Specify Yes or No]: No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]: 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-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 OCT 15 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 2nd day of November A.D., 19 79 at 11:19 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 25886.

FEE $3/50

WM. D. MILNE, County Clerk

By Bernetha Hitch Deputy