

CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number
1 <u>Mildred Josephine Schmidt</u>					DATE OF DEATH (month, day, year)
2 <u>September 30, 1979</u>					
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day
3 <u>White</u>		4 <u>Female</u>	5a <u>65</u>	5b <u>5</u> mos. <u>5</u> days	5c <u>5</u> hours <u>5</u> min.
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	
7a <u>Klamath</u>		7b <u>Klamath Falls</u>		7c <u>Merle West Medical Center</u>	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 <u>South Dakota</u>		9 <u>U.S.A.</u>		10 <u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)	
13 <u>501-03-2776</u>		14a <u>Assistant Cashier</u>		11 <u>John E. Schmidt</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	KIND OF BUSINESS OR INDUSTRY	
15a <u>Oregon</u>		15b <u>Klamath</u>	15c <u>Klamath Falls</u>	14b <u>Banking</u>	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		STREET AND NUMBER OR R.F.D. ZIP	
16 <u>Alfred Maunu</u>		17 <u>Helmi</u>		15d <u>5105 Mazama Dr.</u> <u>97601</u>	
BURIAL, CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY—NAME		INFORMANT—NAME and relationship to deceased	
19a <u>Burial</u>		19b <u>Eternal Hills Memorial Gardens</u>		18 <u>John E. Schmidt, Husband</u>	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		LOCATION city or town state	
20a <u>Mike Hain</u>		20 <u>Hain's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601</u>		19c <u>Klamath Falls, Oregon</u>	
To be Completed by Certifying Physician Only		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
21a <u>12/1/79</u>		22a <u>OCT 2 1979</u>		22b <u>Marian Ackerman</u>	
CERTIFIER—NAME AND TITLE (Type or print)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21d <u>Dave Seeley, M.D., Medical Dent.</u>		21b <u>12/1/79</u>		21c <u>6:30 P.</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		MAILING ADDRESS (Street, city or town, state, zip)		21e <u>M</u>	
21e <u>Medical Dent. Bld., Klamath Falls, Oregon 97601</u>					
PART I IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		Interval between onset and death	
(a) <u>CARCINOMA OF STOMACH - METASTATIC</u>				1 y 2	
(b) <u>DUE TO, OR AS A CONSEQUENCE OF</u>				Interval between onset and death	
(c) <u>DUE TO, OR AS A CONSEQUENCE OF</u>				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)		WAS CASE REFERRED TO MEDICAL EXAMINER	
26a <u>ACCIDENT (Specify Yes or No)</u>		26b <u>DATE OF INJURY (Mo., Day, Yr.)</u>		26c <u>HOUR OF INJURY</u>	
26a <u>No</u>		26b <u>OCT 2 1979</u>		26c <u>5</u> M	
26d <u>INJURY AT WORK (Specify Yes or No)</u>		26e <u>PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)</u>		26f <u>LOCATION</u>	
26d <u>No</u>		26e <u>Office building, etc (Specify)</u>		26f <u>STREET OR R.F.D. NO. CITY OR TOWN STATE</u>	
26g <u>RESERVED FOR REGISTRAR'S USE</u>		26g <u>26g</u>			

VS-2 Rev 8-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy RegistrarDate OCT 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 15th day of November A.D., 1979 at 9:40 o'clock A M., and duly recorded in Vol M-79 of Deeds on Page 26861.

FEE \$3.50

WM. D. MILNE, County Clerk

By Jequeleine Metler Deputy