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

77147

Vol. M79 Page 27264

321
Local File Number

CERTIFICATE OF DEATH

State File Number

Field	Entry
DECEASED—NAME First Middle Last (1)	BETH B. PAVLIN
DATE OF DEATH (month, day, year) (2)	September 20, 1979
RACE White, Black, American Indian, etc. (specify) (3)	White
SEX (4)	Female
AGE—Last birthday (years) (5a)	84
Under 1 year mos. days (5b)	
Under 1 day hours min. (5c)	
DATE OF BIRTH (month, day, year) (6)	November 19, 1894
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)	Klamath County Nursing Home
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)	South Dakota
CITIZEN OF WHAT COUNTRY (9)	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10)	Widowed
SPOUSE (IF MARRIED, WIDOWED) (11)	Henry Pavlin
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12)	No
SOCIAL SECURITY NUMBER (13)	535-20-1252
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (14a)	School Teacher
KIND OF BUSINESS OR INDUSTRY (14b)	Education
RESIDENCE—STATE (15a)	Oregon
COUNTY (15b)	Klamath
CITY, TOWN, OR LOCATION (15c)	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP (15d)	Rt 3 Box 391 97601
Inside City Limits (specify yes or no) (15e)	No
FATHER—NAME first middle last (16)	Charles - Fuller
MOTHER—Maiden Name first middle last (17)	Pearly J. Hoard
INFORMANT—NAME and relationship to deceased (18)	Sharon Dorean Culver, daughter
BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a)	Burial
CEMETERY OR CREMATORY—NAME (19b)	Eternal Hills Memorial Gardens
LOCATION city or town state (19c)	Klamath Falls, Oregon 97601
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) (20a)	William T. Davenport
NAME AND ADDRESS OF FACILITY (20b)	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

Field	Entry
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) (21a)	[signature] MD
DATE SIGNED (Mo. Day, Yr.) (21b)	Sept 21 79
HOUR OF DEATH (21c)	8:00 PM
CERTIFIER — NAME AND TITLE (Type or print) MAILING ADDRESS (Street, city or town, state, zip) (21d)	Earl M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) (21e)	
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) (22a)	SEP 21 1979
REGISTRAR (Signature) (22b)	Marian Ackerman

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

	Cause	Interval between onset and death
(a) IMMEDIATE CAUSE	Cardio Resp Failure	Terminal
(b) DUE TO, OR AS A CONSEQUENCE OF:	CVA	2 days
(c) DUE TO, OR AS A CONSEQUENCE OF:	Advanced Cerebro-vascular Arteriosclerosis	Several yrs

Field	Entry
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	Recent A/K Amp. LT. For Gang of leg.
AUTOPSY (Specify Yes or No) (24)	No
WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) (25)	No
ACCIDENT (Specify Yes or No) (26a)	
DATE OF INJURY (Mo. Day, Yr.) (26b)	
HOUR OF INJURY (26c)	M
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 STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)	

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

Return
Michail L. Brant
325 Main
K. Falls, Or

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 [signature], Deputy Registrar
Date SEP 25 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 21st day of November A.D., 19 79 at 8:59 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 27264.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.50