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HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 179 Page 27995

436
Local File Number

CERTIFICATE OF DEATH

State File Number

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DECEASED—NAME 1 GRACE ELLA GRUMBLES			DATE OF DEATH (month, day, year) 2 November 20, 1979		
RACE White, Black, American Indian, etc. (specify) 3 White			SEX 4 Female		
AGE—Last birthday (years) 5a 77			Under 1 year 5b mos. days Under 1 day 5c hours min.		
COUNTY OF DEATH 7a Klamath			CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls		
STATE OF BIRTH (If not in U.S.A., name country) 8 Colorado			CITIZEN OF WHAT COUNTRY 9 U.S.A.		
SOCIAL SECURITY NUMBER 13 541 - 22 - 2731 T			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker		
RESIDENCE—STATE 15a Oregon			CITY, TOWN, OR LOCATION 15b Klamath Falls		
FATHER—NAME first middle last 16 Jake M. Schwartz			MOTHER—Maiden Name first middle last 17 Ella Pierce		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial			CEMETERY OR CREMATORY—NAME 19b Klamath Memorial Park		
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY 20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.) 21b 11-26-79		
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Kenneth K. Magee, M.D. / 409 Med.-Dent. Bldg. / Klamath Falls, Oregon			HOUR OF DEATH 21c 8:00 P M		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a NOV 28 1979			REGISTRAR 22b (Signature) <i>[Signature]</i>		
PART I IMMEDIATE CAUSE (a) Respiratory arrest			Interval between onset and death minutes		
(b) Uremia			Interval between onset and death days		
(c) Blockage of veins from Cocaine of Abuse			Interval between onset and death days		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) 24 No		
ACCIDENT (Specify Yes or No) 26a No			DATE OF INJURY (Mo., Day, Yr.) 26b		
HOUR OF INJURY 26c			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 26g			STREET OR R.F.D. NO. CITY OR TOWN STATE		
RESERVED FOR REGISTRAR'S USE					

1140 Carlson
L. Falls, Or.

VS-2 Rev-1-78 P-65412

STATE OF OREGON
County of KlamathThis 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 **NOV 28 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 3rd day of December A.D., 19 79 at 3:20 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 27995.

FEE \$3.50

WM. D. MILNE, County Clerk

By *[Signature]*, Deputy