

77665

STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics SectionVol. 79 Page 28055

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## CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 ELIZABETH JANE PHELPS					2 September 8, 1979	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Female	5a 75	5b mos days	5c hours min	6 March 16, 1904
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
7a Klamath		7b Klamath Falls			7c Kl. Co. Nursing Home	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)
8 Montana		9 USA		10 Widowed		11 —
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 540 - 88 - 6307		14a Housewife		14b At home		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon		15b Klamath	15c Klamath Falls	15d 2590 1/2 Fargo		15e Yes
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 —		17 —		18 Orville Hall (Friend)		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME			LOCATION city or town state	
19a Burial		19b Eternal Hills Memorial Gardens			19c Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSED BY person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a [Signature]		20b Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a (Signature) [Signature]		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21a [Signature]		M.D.		21b 9-10-79		21c 12:35 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Jack M. Martin, M.D., 1900 Main Street, Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a SEP 11 1979		22b [Signature] [Signature]				
PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]				Interval between onset and death
(a) Cerebral Hemorrhage						30 minutes
(b) Metastatic Brain Tumor						6 months
(c) Carcinoma of Breast						5 1/2 years
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 OR CORONER		25 (Specify Yes or No)
24 No		25 No		25 No		No
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		
26e		26f		26g		

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar  
Date SEP 12 1979

VOID IF ALTERED

Return to:

D.L. Hoops  
2261 S. 6th  
Klamath Falls, OR  
97601

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 4th day of December A.D., 19 79 at 2:11 o'clock P M., and duly recorded in Vol. 79 of Deeds on Page 28055.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy