78596

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M79 Page 29490
4700-299

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. Name of decedent—first	ELEANOR
1B. Middle	ALICE
1C. Last	KLEPACH
2A. Date of death (month, day, year)	December 18, 1979
2B. Hour	9:30AM
3. Sex	Female
4. Race	White
5. Ethnicity	
6. Date of birth	March 12, 1929
7. Age	50 years
8. Birthplace of decedent (state or foreign country)	Myrtle Point, Ore.
9. Name and birthplace of father	Arthur J. Nelson - Nebraska
10. Birth name and birthplace of mother	Nelsena Berger - Oregon
11. Citizen of what country	U.S.A.
12. Social Security Number	559 - 38 - 7599
13. Marital status	Married
14. Name of surviving spouse (if wife, enter birth name)	Michael R. Klepach, Husband
15. Primary occupation	School Teacher
16. Number of years this occupation	11 Years
17. Employer (if self-employed, so state)	Klamath Falls City Schools
18. Kind of industry or business	Education

USUAL RESIDENCE

Field	Entry
19A. Usual residence—street address	1850 Birch Street
19B.	
19C. City or town	Klamath Falls
19D. County	Klamath
19E. State	Oregon 97601
20. Name and address of informant—relationship	Michael R. Klepach, husband, 1850 Birch Street, Klamath Falls, Oregon 97601

PLACE OF DEATH

Field	Entry
21A. Place of death	Residence
21B. County	Siskiyou
21C. Street address	Shasta Avenue
21D. City or town	Mt. Shasta

CAUSE OF DEATH

22. Death was caused by: (enter only one cause per line for A, B, and C)

Immediate cause (A) [illegible] — approximate interval between onset and death: [illegible]

Due to, or as a consequence of (B) [illegible]

Due to, or as a consequence of (C)

23. Other conditions contributing but not related to the immediate cause of death: None

24. Was death reported to coroner: No

25. Was biopsy performed: No

26. Was autopsy performed: No

27. Was operation performed for any condition in items 22 or 23: [illegible]

PHYSICIAN'S CERTIFICATION

28A. I certify that death occurred at the hour, date and place stated from the causes stated. I attended decedent since: 15 Sept 79. I last saw decedent alive: 17 Dec 79

28B. Physician—signature and degree or title: [signature] MD

28C. Date signed: [illegible]

28D. Physician's license number: [illegible]

28E. Type physician's name and address: William Strickland, MD, Mt. Shasta, California

INJURY INFORMATION

29. Specify accident, suicide, etc. | 30. Place of injury | 31. Injury at work | 32A. Date of injury—month, day, year | 32B. Hour

33. Location (street and number or location and city or town) | 34. Describe how injury occurred (events which resulted in injury)

CORONER'S USE ONLY

35A. I certify that death occurred at the hour, date and place stated from the causes stated. As required by law I have held an (inquest investigation)

35B. Coroner—signature and degree or title | 35C. Date signed

36. Disposition	37. Date—month, day, year	38. Name and address of cemetery or crematory	39. Embalmer's license number and signature
Cremation	Dec. 19, 1979	Eternal Hills Crematory, Klamath Falls, Ore.	N/A

40. Name of funeral director (or person acting as such): Davenport's Chapel of Good Shepherd

41. Local registrar—signature: P.K. Bley By Jeanne L. Lane

42. Date accepted by local registrar: DEC 1 9 1979

STATE REGISTRAR

10111

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 27 of Register Death Page 519 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 20th day of December 1979.

1513

COUNTY RECORDER SISKIYOU CO. CAL.

COUNTY RECORDER SISKIYOU CO. CAL.

Fee $3.00 paid

[signature] Recorder

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of December A.D., 19 79 at 11:24 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 29490.

FEE $3.50

WM. D. MILNE, County Clerk

By [signature] Deputy