

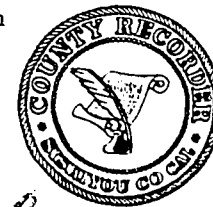
78596

CERTIFICATE OF DEATH STATE OF CALIFORNIA

Vol. 1779 Page 29490
4700-299

STATE FILE NUMBER 78596		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 4700-299	
1A. NAME OF DECEDENT—FIRST ELEANOR		1B. MIDDLE ALICE	
1C. LAST KLEPACH		2A. DATE OF DEATH (MONTH, DAY, YEAR) December 18, 1979	
3. SEX Female		4. RACE White	
5. ETHNICITY		6. DATE OF BIRTH March 12, 1929	
7. AGE 50		8. HOURS 9:30AM	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Myrtle Point, Ore.		10. NAME AND BIRTHPLACE OF FATHER Arthur J. Nelson - Nebraska	
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) Nelsena Berger - Oregon	
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	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1850 Birch Street		19B. CITY OR TOWN Klamath Falls	
19C. COUNTY Klamath		19D. STATE Oregon 97601	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Michael R. Klepach, husband		21. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1850 Birch Street	
22. CITY OR TOWN Klamath Falls, Oregon 97601		23. STATE Oregon	
24. PLACE OF DEATH Residence		25. STREET ADDRESS (STREET AND NUMBER OR LOCATION) Shasta Avenue	
26. CITY OR TOWN Mt. Shasta		27. STATE California	
28. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) 22. Multiple Myeloma (B) 23. Metastatic Carcinoma of Lung (C) 24. Other		29. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None	
30. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE William Strickland, MD, Mt. Shasta, California		31. TYPE PHYSICIAN'S NAME AND ADDRESS William Strickland, MD, Mt. Shasta, California	
32. SPECIFIC ACCIDENT, SUICIDE, ETC. None		33. PLACE OF INJURY None	
34. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) None		35. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) None	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Dec. 19, 1979	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Eternal Hills Crematory, Klamath Falls, Ore.		39. EMPLOYER'S NAME, ADDRESS AND SIGNATURE N/A	
40. NAME OF FUNERAL DIRECTOR (OR PERSON AS SHEPHERD) Davenport's Chapel of Good		41. LOCAL REGISTRAR—SIGNATURE P.K. Bley	
42. DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1979		43. STATE REGISTRAR—SIGNATURE P.K. Bley	

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.



Fee \$3.00 paid
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., 1979 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 Carole A. Milne Deputy