81438 STATE OF OREGON HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Statistics Section Vol. M80 Page 4104

225 Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: Elizabeth	Middle: L.	Last: Brown		2 DATE OF DEATH (month, day, year): July 1, 1979	
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Female	5a AGE—Last birthday (years): 68	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year): April 20, 1911
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center			7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Colorado	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Cecil		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 543-12-2165	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Grocery Checker		14b KIND OF BUSINESS OR INDUSTRY: Food Industry		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 4441 Denver St. 97601		Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Arthur Leaming	17 MOTHER—Maiden Name first middle last: Anna Leaming Grimes		18 INFORMANT—NAME and relationship to deceased: Cecil D. Brown - Husband		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens		19c LOCATION city or town state: Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): Mickey Blue	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601				

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]	21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH
Mark S. Kochevar M.D	7-2-79	9:25 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Dr. Mark S. Kochevar 1905 Main St. Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	22b REGISTRAR [Signature]
JUL 5 1979	Marian Ackerman

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

		Interval between onset and death
(a)	Respiratory failure	15 min
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	Chronic obstructive pulmonary disease	2 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(c)	Chronic bronchitis	5 yrs.

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Congestive heart failure

24 AUTOPSY (Specify Yes or No)	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
Nc	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date JUL 10 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 4th day of March A.D., 1980 at 10:50 o'clock A.M., and duly recorded in Vol M-80 of Deeds on Page 4104.

FEE $3.50

WM. D. MILNE, County Clerk

By Jacqueline J. Metlen Deputy

'80 MAR 4 AM 10 50