83208

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Local File Number 119

CERTIFICATE OF DEATH

Vol. M80 Page 7027

State File Number

1. DECEASED—NAME First: ELMA Middle: LUCILLE Last: BIEHN
2. DATE OF DEATH (month, day, year): April 6, 1980
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 69
5b. Under 1 year (mos / days):
5c. Under 1 day (hours / min.):
6. DATE OF BIRTH (month, day, year): March 7, 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): 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): California
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Johnnie Biehn
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 542 - 18 - 4529
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At home
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 2611 Scott Street 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first middle last: Paul H. Cartwright
17. MOTHER—Maiden Name first middle last: Mary M. Machado
18. INFORMANT—NAME and relationship to deceased: Ruth Shaffer (Daughter)
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematorium
19c. LOCATION city or town, state: Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) ▶ [signature]
20b. NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 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) ▶ [signature] M.D.
21b. DATE SIGNED (Mo., Day, Yr.): 4-7-80
21c. HOUR OF DEATH: 8:00 P. M
21d. CERTIFIER — NAME AND TITLE (Type or print) MAILING ADDRESS (Street, city or town, state, zip): Raymond Tice, M.D., Medical Dental Building, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 09 1980
22b. REGISTRAR (Signature) ▶ Shelia Marier

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

(a) Respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

(b) Pulmonary embolus — Interval between onset and death: 10 days

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Uterine (?) Ca. — Interval between onset and death:

24. AUTOPSY (Specify Yes or No): No
25. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): 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-8-78 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 Shelia Marier, Deputy Registrar

Date April 9, 1980

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 15th day of April A.D., 19 80 at 1:26 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 7027.

FEE $3.50

WM. D. MILNE, County Clerk

By [signature] Deputy

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