84776

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

Vol. M80 Page 9590

Local File Number 176

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME (First) Beulah	(Middle) M.	(Last) Lewis		DATE OF DEATH (month, day, year) 2 May 18, 1980	
RACE White, Black, American Indian, etc.(specify) 3 White	SEX 4 Female	AGE—Last birthday (years) 5a 66	Under 1 year: mos. 5b / days	Under 1 day: hours 5c / min.	DATE OF BIRTH (month, day, year) 6 February 28, 1914
COUNTY OF DEATH 7a Klamath	CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c Merle West Medical Center			IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d D.O.A.
STATE OF BIRTH (If not in U.S.A., name country) 8 North Carolina	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Phelps Lewis		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 244-16-1907	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b —			
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d Rt. 1, Box 637 97601		Inside City Limits (specify yes or no) 15e No
FATHER—NAME first middle last 16 C.L. Whitaker	MOTHER—Maiden Name first middle last 17 Julia Andersen	INFORMANT—NAME and relationship to deceased 18 Phelps Lewis, Husband			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Mt. Laki Cemetery	LOCATION city or town state 19c Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a	NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, 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] Kenneth K. Magee

CERTIFIER — NAME AND TITLE (Type or print) 21d Kenneth K. Magee M.D.

DATE SIGNED [Mo., Day, Yr.] 21b 5-19-80

HOUR OF DEATH 21c 5:16 P. M

MAILING ADDRESS (Street, city or town, state, zip) Medical Dentl. Bld., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a MAY 19 1980

REGISTRAR 22b [Signature] Marian Ackerman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

PART I
(a) Cardiac Arrest — Interval between onset and death: 1 hr
DUE TO, OR AS A CONSEQUENCE OF:
(b) Recurrent Myocardial Infarction — Interval between onset and death: 1-2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(c) Advanced Coronary Atherosclerosis — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Severe Depressive Reaction

AUTOPSY (Specify Yes or No) 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) Yes

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	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 Marian Ackerman, Deputy Registrar

Date MAY 20 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 27th day of May A.D., 19 80 at 2:10 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 9590.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Sloloch Deputy