86944

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

152 Local File Number

CERTIFICATE OF DEATH

80 006387
State File Number

1. DECEASED—NAME (First, Middle, Last)	ROBERTA THELMA LONG
2. DATE OF DEATH (Month, Day, Year)	April 30, 1980
3. RACE	White
4. SEX	Female
5A. AGE—LAST BIRTHDAY (YEARS)	66
6. DATE OF BIRTH (Month, Day, Year)	July 12, 1913
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 & no.)	146 East Main Street
7D. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY)	Home
8. STATE OF BIRTH	Ohio
9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Married
11. SPOUSE	Eugene F. Long
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
13. SOCIAL SECURITY NUMBER	299-24-3322
14A. USUAL OCCUPATION	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.	146 East Main Street
15E. INSIDE CITY LIMITS	Yes
16. FATHER—NAME	Amos - Nichols
17. MOTHER—MAIDEN NAME	Isaphine - Poe
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Eugene F. Long (Husband)
19A. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial
19B. CEMETERY OR CREMATORY—NAME	Klamath Memorial Park
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

CERTIFICATION — MEDICAL EXAMINER

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21A. DEATH OCCURRED (HOUR)	About 6:30 P. M.
21B. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour)	April 30 1980 M.
21C. FROM	NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
21D. CERTIFIER—SIGNATURE	[signature] M.D.
21E. NAME (Type or Print) / DEGREE OR TITLE	George R. Nicholson, M.D.
21F. MEDICAL EXAMINER FOR: COUNTY	Klamath
21G. DATE SIGNED (Month, Day, Year)	May 6, 1980 [signature]
22A. DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)	MAY 06 1980
22B. REGISTRAR (SIGNATURE)	[signature]

23.	CAUSE (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN ONSET AND DEATH
PART I (a) IMMEDIATE CAUSE	Hypertension, Cardiovascular, Renal Disease	4 yrs
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		
PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		
24. AUTOPSY (SPECIFY YES OR NO)	No	

25A. DATE OF INJURY	25B. HOUR	25C. HOW INJURY OCCURRED

25D. INJ. AT WORK	25E. PLACE OF INJURY	25F. LOCATION

RESERVED FOR REGISTRAR'S USE

Ret. Eugene F. Long
146 E Main St
City
$3.50 pd

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED JULY 8 1980

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
[signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of July A.D., 19 80 at 11:39 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 13143.

WM. D. MILNE, County Clerk

FEE $3.50

By [signature] Deputy