

30451

176

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

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CERTIFICATE OF DEATH

Vol.

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18725

DECEASED

Usual residence
where deceased
resided at time
of death
residence before
admission.DECEASED - NAME CARL
Local File Number

Middle

Last

State File Number

1. RACE (White, Negro, American Indian,
etc. (specify))

SEX

AGE (last
birthday (years))

WOODWARD

DATE OF DEATH (month, day, year)

2. COUNTY OF DEATH

3. WHITE

4. CITY, TOWN, OR LOCATION OF DEATH

5. 72

6. Under 1 year

7. Under 1 day

8. DATE OF BIRTH (month, day, year)

7. Klamath

8. (if not in U.S.A., name country)

9. Klamath Falls

10. USA

11. Married

12. Yes

13. January 11, 1905

14. Social Security Number

15. 700 - 19 - 0581

16. CREW

17. Dispatcher - retired

18. most of working life, even if retired

19. Pita A. Woodward

20. KIND OF BUSINESS OR INDUSTRY

19. RESIDENCE - STATE

20. Oregon

21. COUNTY

22. Klamath

23. CITY, TOWN, OR LOCATION

24. Klamath Falls

25. 13702 Summers Lane

26. FATHER - NAME

27. Herman

28. first middle last

29. Elizabeth

30. first middle last

31. Pita A. Woodward

32. (Wife)

33. PART I. DEATH WAS CAUSED BY:

34. Immediate Cause

35. (a) Cardio Resp. Failure

36. due to, or as a consequence of:

37. (b) Metastasis of kidney

38. due to, or as a consequence of:

39. (c) Pitting CA - BT. Kidney

40. PART II. OTHER SIGNIFICANT CONDITIONS:

41. conditions contributing to death but not related to cause given in Part I (a), (b), and (c)

42. (a) Cardio Resp. Failure

43. due to, or as a consequence of:

44. (b) Metastasis of kidney

45. due to, or as a consequence of:

46. (c) Pitting CA - BT. Kidney

47. ACCIDENT

48. (specify yes or no)

49. DATE OF INJURY

50. (month, day, year)

51. HOUR

52. HOW INJURY OCCURRED

53. (specify nature of injury in Part I or Part II, item 18)

54. INJURY AT WORK

55. (specify yes or no)

56. PLACE OF INJURY

57. (specify office, home, farm, street, factory, etc. (specify))

58. LOCATION

59. (street or R.F.D. No., city or town, county, state)

60. AUTOPSY

61. (yes or no)

62. IF YES, were findings considered

63. in determining cause of death

64. CERTIFICATION -

65. month

66. day

67. year

68. And last saw him/her alive

69. on: month

70. day

71. year

72. I did/did not

73. view the body after death (specify)

74. NOT

75. PHYSICIAN - SIGNATURE

76. I attended the

77. deceased from:

78. Oct 14 74

79. to June 4 75

80. NAME (type or print)

81. M.D. 22b. Earle M. LeVernois, M.D.

82. degree or title

83. DATE SIGNED (month, day, year)

84. 22c. June 6 75

85. MAINTAINING ADDRESS - PHYSICIAN

86. M.D. 22b. Earle M. LeVernois, M.D.

87. street

88. 2628 Campus Drive, Klamath Falls, Oregon 97601

89. city or town

90. state

91. zip

92. BURIAL, CREMATION, REMOVAL,

93. MAUS. (specify)

94. 24a. Cremation

95. 24b. Eternal Hills

96. 24c. Klamath Falls, Oregon

97. 24d. June 11, 1977

98. FUNERAL DIRECTOR - SIGNATURE

99. 25a. 355rd Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

100. 25b. DATE RECEIVED BY LOCAL REGISTRAR

101. JUN 6 1977

102. 26b. DATE RECEIVED BY STATE REGISTRAR

103. 27.

104. 28.

105. VS 2 R 69

STATE OF OREGON
County of KlamathThis certifies that the foregoing is a correct and complete transcript of
a record of death on file with the Klamath County Department of Health.

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie S. Comer Deputy RegistrarDate JUN 7 1977

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss. :

I hereby certify that the within instrument was received and filed for record on the 30th day of
September A.D., 19 80 at 11:11 o'clock A M., and duly recorded in Vol M80
of Deeds on Page 18725.

FEE \$3.50

WM. D. MILNE, County Clerk

By Barbara A. Letcher Deputy