

92364

366

Local File Number

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

CERTIFICATE OF DEATH

State File Number

Vol. 1780 Page 21853

DECEASED—NAME FIRST MIDDLE LAST CATHARINE ANN RUPE		DATE OF DEATH (MONTH, DAY, YEAR) October 3, 1978	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Female	AGE—LAST BIRTHDAY (YEARS) 66	DATE OF BIRTH (MONTH, DAY, YEAR) April 12, 1912
COUNTY OF DEATH Klamath	CITY, TOWN, OR LOCATION OF DEATH 2 Mi. N. Kl. Falls	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Hywy #97/MP 271	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Roger Rupe
SOCIAL SECURITY NUMBER 521 - 07 - 6223 A	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	KIND OF BUSINESS OR INDUSTRY Homemaking	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Chiloquin	STREET AND NUMBER OR R.F.D. Star Rt 1, Box 127 B
FATHER—NAME FIRST MIDDLE LAST Ralph Crandell	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Alice Weller	INFORMANT—NAME AND RELATIONSHIP TO DECEASED Roger Rupe - Husband	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Cremation	CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	LOCATION—CITY OR TOWN STATE Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE <i>James H. Smith</i>	NAME AND ADDRESS OF FACILITY WARDS - 1945 Main	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:			
DEATH OCCURRED (GIVE MONTH, DAY, YEAR, HOUR) 6:45 p.m. Oct. 3, 1978	THE DECEDENT WAS PRONOUNCED DEAD (GIVE MONTH, DAY, YEAR, HOUR) 6:55 p.m. Oct. 3, 1978	FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE <i>George R. Nicholson</i>		NAME (TYPE OR PRINT) George R. Nicholson, M.D.	
MEDICAL EXAMINER FOR: KLAMATH COUNTY		DATE SIGNED (MONTH, DAY, YEAR) October 6, 1978	
DATE RECEIVED BY REGISTRAR (MO, DAY, YR.) October 6, 1978		REGISTRAR (SIGNATURE) <i>Marion L. Smith</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		INTERVAL BETWEEN ONSET AND DEATH	
(A) 1. Crushing injuries of head and		seconds	
(B) 2. Fracture of cervical vertebrae		"	
(C) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO) No	
DATE OF INJURY (MONTH, DAY, YEAR) Oct. 3, 1978		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Two car automobile accident	
INJ. AT WORK (SPECIFY YES OR NO) No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. Hywy 97/MP 271.5	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 2 miles N. Klamath Falls / Klamath / Oregon	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

DATE ISSUED OCTOBER 31 1978

STATE OF OREGON, COUNTY OF MULTNOMAH ss

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 STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Marion L. Smith

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

10th day of November A.D., 1980 at 3:54 o'clock P.M., and duly recorded in

Vol. 1780 of Deeds on page 21853.

Fee \$ 3.50

WM. D. MILNE, County Clerk
By *Bernard J. Smith* Deputy

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ER