

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 RUBY		First JANE		Middle BENNETT		Last		DATE OF DEATH (month, day, year) 2 December 24, 1980	
RACE White; Black; American Indian, etc. (specify) 3 White		SEX 4 Female		AGE—Last birthday (years) 5a 63		Under 1 year 5b 63		DATE OF BIRTH (month, day, year) 6 April 3, 1917	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Cent.		IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify) 7c Inpatient		COUNTY OF DEATH 7d Klamath			
STATE OF BIRTH (If not in U.S.A. name country) 8 Michigan		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (If MARRIED, WIDOWED) 11 Orville		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER 13 379-09-1179		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Clerk - Retired		KIND OF BUSINESS OR INDUSTRY 14b Drug Stores					
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath		CITY, TOWN, OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 15d 1403 Wilford		Inside City Limits (specify yes or no) 15e Yes	
FATHER—NAME first middle last 16 Harvey Pike		MOTHER—Maiden Name first middle last 17 Loretta Craig		INFORMANT—NAME and relationship to deceased 18 Orville Bennett / Husband					
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Mausoleum		CEMETERY OR CREMATORY—NAME 19b Haven of Rest		LOCATION city or town state 19c Klamath Falls, Oregon 97601					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.) 21b 12-29-80		HOUR OF DEATH 21c 4:45 A.M.			
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>[Signature]</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Or. 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e							
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a DEC 31 1980		REGISTRAR 22b (Signature) <i>[Signature]</i>							
PART I 23 IMMEDIATE CAUSE (a) Respiratory Failure		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death Days					
(b) Pulmonary Fibrosis, Pulmonary Embolism, Chronic obstructive pulmonary disease				Interval between onset and death Many years					
(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)		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No					
ACCIDENT (Specify Yes or No) 26a No		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	

HS-2 Rev-1-80

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED February 12 1981

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.

Joseph D. Carney, State Registrar

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

4th day of MARCH A.D., 1981 at 12:37 o'clock P.M., and duly recorded in

Vol M 81 of DEEDS on page 3810.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

By *[Signature]* Deputy