

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

79-002305

59
CERTIFICATE OF DEATH

DECEASED NAME First: Berneva Middle: Mary Last: Amoureux		State File Number 79-002305	
RACE: White / SEX: Female		AGE - Last birthday (years): 69	
DATE OF DEATH (month, day, year): 2 February 20, 1979		DATE OF BIRTH (month, day, year): 6 November 30, 1909	
COUNTY OF DEATH: Klamath	CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	HOSPITAL OR OTHER INSTITUTION - NAME: Pres. Intercomm. Hospt.	
STATE OF BIRTH (if not in U.S.): Washington	CITIZEN OF WHAT COUNTRY: U.S.A.	MARRIED NEVER MARRIED: 10 Married	
SOCIAL SECURITY NUMBER: 541-10-3875	USUAL OCCUPATION (give kind, date during most of working life even if recent): 14a Bookkeeper	SPOUSE (IF MARRIED, WIDOWED): 11 Homer T. Amoureux	
RESIDENCE - STATE: Oregon	COUNTY: 15b Klamath	KIND OF BUSINESS OR INDUSTRY: 14b Accounting	
FATHER - NAME: Charles Hunt	MOTHER - Maiden Name: Jesse Grannis	STREET AND NUMBER OR R.F.D., ZIP: 15c 5207 Mazama Dr. 97601	
BURIAL, CREMATION, REMOVAL MAUS. (specify): Burial	CEMETERY OR CREMATORY - NAME: 16b Eternal Hills Memorial Gardens	INFORMANT - NAME and relationship to deceased: 18 Homer T. Amoureux, Husband	
NAME AND ADDRESS OF FACILITY: 20b C'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore. 97601		LOCATION: city or town state: 19c Klamath Falls, Oregon	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a FEB 21 1979		REGISTRAR: 22b [Signature] Marian Sherman	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
(a) Cardiac Arrhythmia & arrest		minutes	
(b) Severe Debility		months	
(c) Preexisting Condition of Ovary		4 years	
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	
ACCIDENT (Specify Yes or No): 26a		WAS CASE REFERRED TO MEDICAL EXAMINER: 25 [Specify Yes or No] No	
DATE OF INJURY (Mo., Day, Yr.): 26b	HOUR OF INJURY: 26c	DESCRIBE HOW INJURY OCCURRED: 26d	
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	

Return To:

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
633 MAIN STREET
KLAMATH FALLS, OREGON 97601

VS-2 Rev. 8-78 P-05412

STATE OF OREGON, County of Multnomah) ss

Date Issued

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 May A.D., 1981 at 3:53 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 7936.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

By Deborah J. Carney Deputy