1113 — 237 (Local File Number)

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M81 Page 11159

CERTIFICATE OF DEATH
ORS — 146

State File Number

1 DECEASED—NAME (FIRST)	(MIDDLE)	(LAST)		2 DATE OF DEATH (MONTH, DAY, YEAR)	
VERNA	L.	LANE		June 10, 1981	
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	4 SEX	5A AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 5B MOS. / 5C DAYS	UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR)
White	Female	70			January 12, 1911
7A CITY, TOWN, OR LOCATION OF DEATH	7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	7C IF HOSP. OR INST. INDICATE DOA OR OPTIONAL RM., INPATIENT (SPECIFY)	7D COUNTY OF DEATH		
Klamath Falls	West Medical Center	Emer. Rm.	Klamath		
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11 SPOUSE (IF MARRIED, WIDOWED)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
Iowa	U.S.A.	Married	Paul R. Lane	No	
13 SOCIAL SECURITY NUMBER	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	14B KIND OF BUSINESS OR INDUSTRY			
530-01-9789	Housewife	Homemaking			
15A RESIDENCE—STATE	15B COUNTY	15C CITY, TOWN, OR LOCATION	15D STREET AND NUMBER OR R.F.D.	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Oregon	Klamath	Klamath Falls	3941 Altamont Drive 97601	No	
16 FATHER—NAME (FIRST MIDDLE LAST)	17 MOTHER (MAIDEN NAME FIRST MIDDLE LAST)	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED			
Charley - Christiansen	Henrietta - Girardin	Paul R. Lane, husband			
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	19B CEMETERY OR CREMATORY—NAME	19C LOCATION—CITY OR TOWN, STATE			
Burial	Mountain View Cemetery	Reno, Nevada 89503			
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE	20B NAME AND ADDRESS OF FACILITY				
William F. Davenport	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, 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)	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)	FROM:			
6:11P M.	June 10, 1981 6:11P M.	21C NATURAL CAUSES [X]	ACCIDENT [ ]	SUICIDE [ ]	
		HOMICIDE [ ]	UNDETERMINED [ ]	PENDING [ ]	

21D CERTIFIER—SIGNATURE: George R. Nicholson, M.D.

21E NAME—(TYPE OR PRINT) DEGREE OR TITLE: George R. Nicholson, M.D.

21F MEDICAL EXAMINER FOR: Klamath COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): JUN 16 1981

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	22B REGISTRAR (SIGNATURE)
JUN 16 1981	Claudia Francis

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

(b) DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:

(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)

24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date JUN 18 1981

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of June A.D., 19 81 at 9:45 o'clock A M., and duly recorded in Vol M81 of Deeds on page 11159.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK

By Bernetha A. Kelsch deputy