

2039

CERTIFICATE OF DEATH

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Vital Records Unit

State File Number

273  
Local File Number

|  |  |  |  |
|--|--|--|--|
| DECEASED - NAME<br>First Middle Last<br><b>CAROLYNN RUTH DE LONGE</b>  |  | DATE OF DEATH (month, day, year)<br><b>July 4, 1981</b>  |  |
| 1 RACE White, Black, American Indian, etc. (specify)<br><b>White</b>   |  | 2 DATE OF BIRTH (month, day, year)<br><b>December 12, 1944</b>   |  |
| 3 SEX<br><b>Female</b>   |  | 4 AGE - Last birthday (years)<br><b>36</b>   |  |
| 5a Under 1 year<br>5b 1 year to 1 day  |  | 6 COUNTY OF DEATH<br><b>Klamath</b>  |  |
| 7a CITY, TOWN OR LOCATION OF DEATH<br><b>Klamath Falls</b>   |  | 7b HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)<br><b>West Medical Center</b> |  |
| 7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)<br><b>Emer. Room</b>                                    |  | 7d MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)<br><b>Married</b>   |  |
| 8 STATE OF BIRTH (If not in U.S.A. name country)<br><b>California</b>  |  | 9 CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 10 SOCIAL SECURITY NUMBER<br><b>540 - 50 - 0710</b>  |  | 11 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>    |  |
| 12 RESIDENCE - STATE<br><b>Oregon</b>  |  | 13 COUNTY<br><b>Klamath</b>  |  |
| 14a CITY, TOWN, OR LOCATION<br><b>Klamath Falls</b>  |  | 14b STREET AND NUMBER OR R.F.D., ZIP<br><b>2263 Garden Street 97601</b>  |  |
| 15a FATHER - NAME first middle last<br><b>Carl Fodge</b>   |  | 15b MOTHER - Maiden Name first middle last<br><b>Ruth E. Priem</b>   |  |
| 16a BURIAL, CREMATION, REMOVAL, MAUS. (specify)<br><b>Burial</b>   |  | 16b CEMETERY OR CREMATORY - NAME<br><b>Eternal Hills Memorial Gardens</b>  |  |
| 17a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)<br><i>[Signature]</i>  |  | 17b NAME AND ADDRESS OF FACILITY<br><b>WARD'S - 1945 Main - Klamath Falls, Ore. - 97601</b>                      |  |
| 18a DATE SIGNED (Mo., Day, Yr.)<br><b>7/6/81</b>   |  | 18b HOUR OF DEATH<br><b>09:20 A.M.</b>   |  |
| 19a NAME AND ADDRESS OF CERTIFIER (Type or Print)<br><b>Thomas E. Klump, MD / 2600 Clover / Klamath Falls, Oregon / 97601</b>  |  | 19b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |
| 20a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br><b>JUL 7 1981</b>  |  | 20b REGISTRAR (Signature)<br><i>[Signature]</i>  |  |
| 21a IMMEDIATE CAUSE<br><b>RESPIRATORY FAILURE</b>  |  | 21b INTERVAL BETWEEN ONSET AND DEATH<br><b>MINUTES</b>   |  |
| 22a DUE TO, OR AS A CONSEQUENCE OF:<br><b>BRAINSTEM ASTROCYTOMA</b>  |  | 22b INTERVAL BETWEEN ONSET AND DEATH<br><b>18 YEARS</b>  |  |
| 23a OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b), and (c) |  | 23b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)<br><b>No</b>   |  |
| 24a ACCIDENT (Specify Yes or No)<br><b>No</b>  |  | 24b DATE OF INJURY (Mo., Day, Yr.)<br><b>26c</b>   |  |
| 24c HOURS OF INJURY<br><b>26d</b>  |  | 24d DESCRIBE HOW INJURY OCCURRED<br><b>26e</b>   |  |
| 24e PLACE OF INJURY - If home, farm, street, factory, office building, etc. (Specify)<br><b>26f</b>                            |  | 24f LOCATION<br><b>26g</b>   |  |
| 25 RESERVED FOR REGISTRAR'S USE  |  |  |  |

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *[Signature]*, Deputy Registrar

Date **JUL 7 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

14th day of July A.D., 1981 at 2:29 o'clock P M., and duly recorded in

Vol. M31 of Deeds on page 12629.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

By *[Signature]* Deputy